

PSEG Long Island Licensed Electrician Inspection Form

Name of Electrician Inspecting Location:	
Business Name:	
Business Email Address:	
Master/Special Electrician License No.:	
Electrician Cell Phone #:	
Warning: Electric service will not be energized until after the customer's equipment has been verified safe by a Licensed Electrician.	internal electrical service box and associated electrical
I certify that, at the customers' request, I inspected and tested the customers included a review of the electric meter at the address referenced below defects and that the main service disconnect was exercised and is fully contact.	on the date indicated. I certify that they are free of electrical
Customer Address	SEAL:
Licensed Electrician Signature and License Seal:	
Print Name:	
Signature:	
Date:	
Was the electric system found in safe condition for re-energization? Y	es No If No, description of problem or work to be done:
Were electric repairs made? Yes No If yes, date when repairs made	e Elect. Initials
Customer/Owner Gas System Acknowledgement (to be completed for	homes/businesses with gas service):
☐ Check box if address also has GAS service:	
I am fully aware and acknowledge potential safety concerns relative to the above-referenced address on the date(s) indicated above, and accound. I further acknowledge my responsibility to seek the advice of a lintegrity of the interior gas system.	ept full responsibility for ensuring the interior piping is structurally
Customer/Owner	
(Print Name)	Signature:
Customer/Owner Phone/Cell #:	Date:
Customer/Owner email:	-

Note: This is only a <u>temporary</u> Electric inspection. An additional inspection may be required by your local town or village after re-energization is complete.