

The full content of this template is available for download to your shopping cart.

Example content:

Date checklist completed: ___ / ___ / ___

Location: _____ Completed by: _____ Date checklist to be reviewed: ___ / ___ / ___

Fill in the details in each column for plug-in type electrical equipment used in the workplace. Identify the risk ranking of your equipment. Equipment that has



Equipment description	Location	High risk equipment		Low risk equipment			Test results / condition of equipment
		Testing required	Testing required	Visual checks	Testing required	Testing required	