**TRANSFORMER INSPECTION CHECKLIST**

Location: Date:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Transformer ID: |  |  |  |  |  |  |
| Is there any evidence of excessive corrosion or leaks in the tank? If yes, specify below. | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| Is the concrete pad and transformer clear of landscape and vegetative materials? If no, place a work order to address | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| Are there any conditions that may be fire, safety, or environmental hazards? | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| Is there any evidence of a release? | YesNo | YesNo | YesNo | YesNo | YesNo | YesNo |
| Initials of inspector |  |  |  |  |  |  |

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Any deficiencies noted during the inspection must be corrected as soon as possible. If there are any questions, call the Department of Environmental Health and Safety at 814/865-6391