

ELECTRICAL HOMEOWNER INSPECTION REQUEST FORM

Payment Card Industry Data Security Standards prevent the use of credit card information sent through email or fax. A Client Service Representative will contact you within three business days to complete any payment process required.

Note: Technical Safety BC collects your personal information for the purpose of administering permits and other activities under the *Safety Standards Act* and may need to disclose this information to entities such as utilities, provincial agencies and municipalities.

By submitting this form you are consenting to the disclosure described above. Any personal information collected is handled in accordance with the British Columbia *Freedom and Protection of Privacy Act*. If you have questions about the collection, use, or disclosure of this information, contact the Records, Information and Privacy Analyst for the Technical Safety BC at 1 866 566 7233.

Note: In order for our safety officers to conduct an inspection of your site, we require that regulatory Occupational Health and Safety (“OHS”) conditions for structural and respiratory hazards are met. Examples of potential OHS hazards include: asbestos, mold, lead, Hanta virus (mouse droppings), silica, or chemical or gas leaks. If you have any of these potential or existing conditions, you need a qualified professional to perform a hazard assessment and certify that the site is free of these hazards prior to requesting an inspection.

Daytime Telephone Number:	Permit Number: (not valid unless permit number is shown)
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A. HOMEOWNER

Name:				
Mailing Address:	Street No.:	Street Name:	Street Type:	N S E W
Suite / Unit No.:	City:		Province:	Postal Code:
Installation site: (if different from above)	Street No.:	Street Name:	Street Type:	N S E W
City:				

B. REQUEST FOR INSPECTION

I hereby declare that I am the registered owner of the residential dwelling described herein, and that the electrical installation authorized under permit is ready for inspection as follows:

- Work in progress** – safety inspection (6 months)
 All work is complete
- The rough wiring is ready for inspection:**
 Rough wiring progress:
 Partial
 Slab
 UFER Ground
 Under Ground
 Complete
Partial Rough Wiring Area: _____
- The installation is ready for connection of power to the electrical supply**
 New Service
 Temporary Construction Service
 Service Repair
 Service Change
From: _____ To: _____
- Type of grounding electrode:
 Rod
 UFER
 Plate
 Other: describe: _____
- Is the electrical system in a safe and working condition, and all barriers (e.g. panel covers) in place?**
 Do you understand the requirements to put the equipment in a de-energized state when an inspection is performed?
To be able to perform this safely, refer [here](#) for more information.
- Non-compliances have been corrected and are ready for re-inspection**

- Please note:
1. Identify property and/or residential dwelling by house or lot number as applicable.
 2. Provide access to the residential dwelling.
 3. In rural areas, provide a sketch map showing location of residence or property in area below.
 4. For special instructions, please use area below, or attach notes.

Notes:

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

Permission is granted for a Safety Officer to enter the residential dwelling, site/location/premises. Homeowner Signature:	YYYY	MM	DD
	Date:		

Technical Safety BC is working towards going paperless! Participate by signing up for email correspondence.

CLIENT OH&S HAZARD IDENTIFICATION CHECKLIST - HOMEOWNERS

Technical Safety BC is committed to providing a safe working environment for our employees. In order for our safety officers to prepare for any potential occupational health and safety hazards before the inspection, please complete this checklist to the best of your knowledge. ***Inspections will not proceed if this checklist is not completed and if safety hazards are not controlled (e.g. asbestos requirements below are not met).***

Asbestos Containing Materials (ACM):

1. Was your home, building or inspection location built before 1990?

- Yes (go to question 2) No (go to question 5)

2. Do you have or are you aware of any asbestos containing materials in the inspection area?

- Yes – Provide asbestos inventory, if available (go to question 3) No (go to question 5)
 Not sure (**Refer to NOTE question 4**)

3. Will there be any demolition activities / renovations occurring in the inspection area?

- Yes (go to question 4) No (go to question 5)

4. Is the inspection area free of asbestos hazards or are they controlled?

- Yes – Please provide a confirmation letter from a qualified professional, if available.
 No – **STOP: Inspection cannot proceed until confirmation is provided.** **NOTE:** For more information concerning asbestos, please refer to [WorkSafeBC Asbestos: Frequently Asked Questions \(For Homeowners\)](#) and [Asbestos Awareness for Homeowners](#).

Other Hazardous Conditions:

5. Are there any other potentially hazardous conditions about the home, building or inspection location that would affect the safety of the Technical Safety BC employee conducting the inspection? Please check any conditions below where our safety officers may be required to work where there may be exposure to:

- Silica dust from chipping, sawing, grinding, hammering and drilling of rock, concrete or masonry activities.
- Mold (large area of growth)
- Lead Paint
- Chemical or gas leaks.
- Respiratory e.g. low oxygen, vapours or gases, extreme humidification concerns.
- Work at heights at 10 feet and above.
- Biological agents such as rodent feces, bat/bird feces, human matter, used needles/syringes.

CLIENT OH&S HAZARD IDENTIFICATION CHECKLIST - HOMEOWNERS

- None of the above conditions will apply during the inspection.
- Other – please describe any other potential hazardous conditions in the box below.

Declaration:

As the permit applicant I declare that, I am the legal owner of the premises listed herein and hereby:

- I acknowledge that I have read and understand the Permit Terms and Conditions.
- I also confirm that, to the best of my knowledge, all of the information provided on this checklist is complete and accurate.
- The inspection area will be free of hazards at the time of inspection.

Checking this box and submitting this form to Technical Safety BC **via email** constitutes your authorization. This has the same effect as submitting a handwritten signature.

Name of Applicant: _____ Date: _____

If you have any questions concerning your permit application and our occupational health and safety requirements, please call 1-866-566-7233 or email contact@technicalsaftybc.ca.