

Level 2 Infrared Inspection Information Form

1. Customer Information

Company Name: _____

Contact Person: _____

Phone Number: _____ Email Address: _____

Site Address: _____

2. Site Overview

Site Name/Description: _____

Total Number of Buildings/Structures: _____

Number of Inspection Areas (Electrical rooms, Mechanical rooms etc.): _____

Operational (Production) Hours: _____

3. Electrical Device Information

For each area, please provide the following:

Area/Room Name	Number of Devices	Device Type (e.g., Breaker Panel, Transformer)	Voltage	Accessibility (Easy/Moderate/Hard)	Operational Status (On/Off)

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4. Site Layout

Attach marked up site layout or sketch:

5. Load Condition

Can all systems operate under normal load during the inspection? (☐ Yes/☐ No)

If no, please provide details:

6. Safety and Access Notes

Are there any access restrictions or hazards (e.g., locked areas, confined spaces)? Please provide details below:

Is a site safety orientation required? (☐ Yes/☐ No)

PPE requirements for inspection team (check all that apply):

- ☐ Hard Hat

- ☐ Safety Glasses

- ☐ Steel-Toed Boots

- ☐ Other:

7. Additional Notes or Requirements

Please include any specific instructions, known issues, or special considerations:

