

Receptacle Tests-Annual (Patient Care Areas)

A	Receptacle Tests Annual
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Your Logo Here

Facility:

Inspector's Signature:	DATE INSPECTED
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<p>A. Non-Hospital grade receptacles (normal & emergency powered) at patient bed locations & where deep sedation or general anesthesia is administered must be tested at intervals not exceeding 12 months.</p> <p>B. All other receptacles (normal & emergency powered) in patient care rooms must be tested at intervals defined by documented performance data. (Facility must have performance data to prove "other than annual" testing is warranted; otherwise test annually)</p> <p>TEST PROCEDURES: In each area, ID each outlet starting on the LH side of the main entry door and proceed counter-clockwise back to the entry door; test each individual outlet for the following 4 conditions. Record each on a separate line. Use added pages as needed.</p> <ol style="list-style-type: none"> Visually inspect the device and cover that they are intact and in good condition (enter Pass/Fail evaluation in Col "E") Use a receptacle tester and verify continuity of the ground (enter Pass/Fail evaluation in Col "F") Use a receptacle tester and verify polarity (enter Pass/Fail evaluation in Col "G") Use a ground blade tension tester and verify tension is no less than 4 oz. (enter Pass/Fail evaluation in Col "H") <p>IF ANY TEST FAILS, ENTER IN COL "I" A FULL DESCRIPTION OF ISSUE, METHOD & DATE OF CORRECTION & WHO CORRECTED</p>	<p>NPFA 99-2012</p> <p>§6.3.4.1.3</p> <p>§6.3.4.1.2</p> <p>§6.3.3.2.1</p> <p>§6.3.3.2.2</p> <p>§6.3.3.2.3</p> <p>§6.3.3.2.4</p> <p>TJCEC: none</p>
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ROOM #	ROOM NAME	TYPE OUTLET	DEVICE ID (start L of door & test all, ccw)	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension ≥ 4 oz. Pass/Fail	If Fail, Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								

*Type Outlet: Enter HG=Hospital Grade; S=Single; D=Duplex; Q=Quad; M=Multiple (over 4) - Every plug-in location must be individually tested

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A	B	C	D	E	F	G	H	I
ROOM #	ROOM NAME		DEVICE ID	Physical Condition Pass/Fail	Ground Continuity Pass/Fail	Polarity Check Pass/Fail	Tension \geq 4 oz. Pass/Fail	If Fail Describe Corrective Action, Who & Date
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								

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add pages as needed