

# **The City of Boynton Beach**

## **DEVELOPMENT DEPARTMENT**

### **BUILDING DIVISON**

100 East Ocean Avenue Boynton Beach, Florida 33425-0310  
[www.boynton-beach.org](http://www.boynton-beach.org)

## **Inspection Guidelines for Electrical Recertification**

### **Basic Guidelines of Electrical Inspection**

The purpose of the required inspection and report is to confirm with reasonable fashion that the building or structure and all habitable and non-habitable areas, as deemed necessary by the inspecting professional to establish compliance, are safe for continued use under present occupancy. As mentioned before, this is a recommendation procedure, and under no circumstances are these minimum recommendations intended to supplant proper professional judgement.

**Duty to Report**, any engineer or architect who performs an inspection of an existing building or structure has a duty to report to the Building Official any findings that, if left unaddressed, would endanger life or property no later than ten (10) days after informing the building owner of such findings unless the engineer or architect is made aware that action has been taken to address such findings in accordance with applicable code. However, if such engineer or architect finds that there are conditions in the building or structure causing an actual or immediate danger of the failure or collapse of a building or structure, or there is a health, windstorm or fire hazard, such engineer or architect shall report such conditions to the Building Official within twenty-four (24) hours of the time of discovery.

### **Infrared Thermography Inspection**

For electrical systems operating at 400 amperes or greater, an infrared thermography inspection with a written report of the following electrical equipment must be provided as applicable or as otherwise indicated below: busways, switchgear, panelboards (except in dwelling unit load centers), disconnects, VFDS, starters, control panels, timers, meter centers, gutters junction boxes, automatic/manual transfer switches, exhaust fans and transformers. The infrared inspection of electrical equipment shall be performed by a Level-II or higher certified infrared thermographer who is qualified and trained to recognize and document thermal anomalies in electrical systems and possesses over 7 years of experience inspecting electrical systems associated with commercial buildings.

### **Electrical Service**

A description of the type of service supplying the building or structure must be provided, stating the size of amperage, if three (3) phase or single (1) phase, and if the system is protected by fuses or breakers. Proper grounding of the service should also be in good standing. The meter and electric rooms should have sufficient clearance for equipment and for the serviceman to perform both work and inspections. Gutters and electrical panels should all be in good condition throughout the entire building or structure.

### **Branch Circuits**

Branch circuits in the building must all be identified and an evaluation of the conductors must be performed. There should also exist proper grounding for equipment used in the building, such as an emergency generator, or elevator motor.

### **Conduit Raceways**

All types of wiring methods present in the building must be detailed and individually inspected. The evaluation of each type of conduit and cable, if applicable, must be done individually. The conduits in the building should be free from erosion, and checked for considerable dents in the conduits that may be prone to cause a short. The conductors and cables in these conduits should be chafe free, and their currents not over the rated amount.

## Life Safety Systems/ Florida Fire Prevention Code

Florida Statute and the scope of this document does not allow for testing of built in fire protection systems such as fire alarms and fire sprinkler systems by anyone other than properly licensed fire system contractors. These systems are required to be inspected, tested and maintained on a frequency determined by the licensing authority and as directed within the Florida Fire Prevention Code, or by local jurisdiction amendments. The compliance for ITM of these systems is under the scope and authority of the local fire official. This inspection/survey shall include a visual verification that systems have been maintained by evidence of proper documentation on site and will serve as a good check and balance that the complete building life safety system has been maintained. The inspection may also document the visual presence of emergency lighting, exit lighting and egress pathway illumination. If any concerns are presented from these observations the report shall be submitted to the local building official who shall consult with the local fire official for remedial action.

## 1. INSPECTION COVERPAGE

Inspection Firm or Individual Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Architect/Engineer Performing Inspection Name: \_\_\_\_\_

License Number: \_\_\_\_\_

I am qualified to practice in the discipline in which I am hereby signing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Commenced Date: \_\_\_\_\_ Inspection Completion Date: \_\_\_\_\_

### Phase 1 Inspection - Complete all sections

No Repairs Required      OR       Phase 2 Required [Can Only Choose One]  
 Building Safe      OR       Building Unsafe [Can Only Choose One]

### Phase 2 Inspection - Complete all sections, provide pictures and supporting documents

Repairs required as outlined in attached inspection report

OR

Immediate repairs needed, restricted use [Can Only Choose One]  
 Building Safe      OR       Building Unsafe [Can Only Choose One]

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seal

To the best of my knowledge and ability, this report represents an accurate appraisal of the present condition of the building based upon careful evaluation of observed conditions, to the extent reasonably possible.

## 2. BUILDING OWNER INFORMATION

Building/Structure address \_\_\_\_\_

Legal Description: \_\_\_\_\_

PCN or Folio #: \_\_\_\_\_

Owner's Name\*: \_\_\_\_\_

Owner's mailing address\*: \_\_\_\_\_

Owner's Phone number and Email: \_\_\_\_\_ Email: \_\_\_\_\_

**\*Building Owner.** Means the fee simple title holder of the land on which a building subject to Building Recertification Inspection is situated or, in the case of condominium or cooperative type of ownership, shall mean the person or entity responsible for the structure and common systems of a building subject to Building Recertification Inspection.

### 3. BUILDING INFORMATION

Building Occupancy Classification: \_\_\_\_\_ Present Use \_\_\_\_\_

Construction Type: \_\_\_\_\_ Number of Stories: \_\_\_\_\_ Square Footage: \_\_\_\_\_

CO Issue or Reasonable Age of Building Date: \_\_\_\_\_ Resource: \_\_\_\_\_

General Description of building (overall description, structural systems, special features):

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Additional Comments or Observations: \_\_\_\_\_

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The purpose of the required inspection and report is to confirm with reasonable fashion that the building or structure and all habitable and non-habitable areas, as deemed necessary by the inspecting professional to establish the electrical service systems, are safe for continued use under present occupancy. This is a recommended procedure, and under no circumstances are these minimum recommendations intended to supplant proper professional judgement.

### SUPPORTING DATA

Provide Color Photos with Report

1.  Sheet Written Data
2.  Color Photographs
3.  Drawings and or Sketches
4.  Test Reports

### 4. ELECTRICAL SERVICE

Provide Color Photos with report

a. Size:	Voltage _____	Amperage _____	Fuses _____	Breakers _____
b. Phase:	Three Phase _____	Single Phase _____		
c. Condition:	Good _____	Fair _____	Needs Repair _____	

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

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**5. ELECTRIC ROOM(S)****Provide Color Photos with Report**

a. Clearances:      Good       Fair       Needs Correction

Comments:

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**6. METERING EQUIPMENT****Provide Color Photos with Report**

a. Clearances:      Good       Fair       Needs Correction

Comments:

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**7. GUTTERS****Provide Color Photos with Report**

a. Location:      Good       Requires Repair

Comments:

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b. Taps and fill:      Good       Requires Repair

Comments:

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## 8. GROUNDING OF EQUIPMENT

## Provide Color Photos with Report

Good        Requires Repair

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

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## 9. ELECTRICAL PANELS

## Provide Color Photos with Report

a. Panel # \_\_\_\_\_ Good \_\_\_\_\_ Requires Repair \_\_\_\_\_

**Location:** \_\_\_\_\_

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

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**b. Panel #** \_\_\_\_\_ **Good** \_\_\_\_\_ **Requires Repair** \_\_\_\_\_

**Location:** [REDACTED]

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

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c. Panel # \_\_\_\_\_ Good \_\_\_\_\_ Requires Repair \_\_\_\_\_

**Location:** \_\_\_\_\_

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

d. Panel # \_\_\_\_\_ Good \_\_\_\_\_ Requires Repair \_\_\_\_\_

**Location:** \_\_\_\_\_

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

e. Panel # \_\_\_\_\_ Good \_\_\_\_\_ Requires Repair \_\_\_\_\_

**Location:** \_\_\_\_\_

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

f. Panel # \_\_\_\_\_ Good \_\_\_\_\_ Requires Repair \_\_\_\_\_

**Location:** [REDACTED]

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

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**10. BRANCH CIRCUITS****Provide Color Photos with Report**

a. Identified: Yes  Must be Identified

b. Conductors: Good  Deteriorated  Must be replaced

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

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**11. GROUNDING OF SERVICE****Provide Color Photos with Report**

Good  Requires Repair

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

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**12. SERVICE CONDUITS/RACEWAYS****Provide Color Photos with Report**

Good  Requires Repair

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

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**13. GENERAL CONDUIT/RACEWAYS****Provide Color Photos with Report**

Good  Requires Repair

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

**14. WIRE AND CABLES****Provide Color Photos with Report**

Good \_\_\_\_ Requires Repair \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
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**15. BUSWAYS****Provide Color Photos with Report**

Good \_\_\_\_ Requires Repair \_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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**16. THERMOGRAPHY INSPECTION RESULTS****Provide Color Photos with Report**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**17. OTHER CONDUCTORS****Provide Color Photos with Report**

Good \_\_\_\_ Requires Repair \_\_\_\_

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

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**18. EMERGENCY GENERATOR****Provide Color Photos with Report**Good  Requires Repair  N/A 

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

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**19. TYPES OF WIRING METHODS****Provide Color Photos with Report**

- a. Conduit Raceways Ridged: Good  Repairs Required  N/A
- b. Conduit PVC: Good  Repairs Required  N/A
- c. NM Cable: Good  Repairs Required  N/A
- d. BX Cable: Good  Repairs Required  N/A
- e. Other: Good  Repairs Required  N/A

Other wiring (specify): \_\_\_\_\_

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

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**20. SWIMMING POOL WIRING****Provide Color Photos with Report**Good  Requires Repair  N/A 

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

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**21. WIRING TO MECHANICAL EQUIPMENT****Provide Color Photos with Report**Good        Requires Repair        N/A       

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

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**22. WIRING IN OPEN OR UNDER COVER PARKING GARAGE****Provide Color Photos with Report**

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

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**23. ADDITIONAL COMMENTS**

Use Additional Sheets as Required

**Provide Color Photos with Report**

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