

The City of Boynton Beach

DEVELOPMENT DEPARTMENT

BUILDING DIVISON

100 East Ocean Avenue Boynton Beach, Florida 33425-0310
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):

Additional Comments or Observations: _____

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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: _____

5. ELECTRIC ROOM(S)

Provide Color Photos with Report

a. Clearances: Good Fair Needs Correction

Comments: _____

6. METERING EQUIPMENT

Provide Color Photos with Report

a. Clearances: Good Fair Needs Correction

Comments: _____

7. GUTTERS

Provide Color Photos with Report

a. Location: Good Requires Repair

Comments: _____

b. Taps and fill: Good _____ Requires Repair _____

Comments: _____

8. GROUNDING OF EQUIPMENT

Provide Color Photos with Report

Good Requires Repair

Comments: _____

9. ELECTRICAL PANELS

Provide Color Photos with Report

a. Panel # _____ Good _____ Requires Repair _____

Location: _____

Comments: _____

b. Panel # _____ Good _____ Requires Repair _____

Location: [REDACTED]

Comments: _____

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: _____

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

a. Identified: Yes Must be Identified

b. Conductors: Good Deteriorated Must be replaced

Comments: _____

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

Good Requires Repair

Comments: _____

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

Good Requires Repair

Comments: _____

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

Good Requires Repair

Comments: _____

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

Good ____ Requires Repair ____

Comments: _____

15. BUSWAYS**Provide Color Photos with Report**

Good ____ Requires Repair ____

Comments: _____

16. THERMOGRAPHY INSPECTION RESULTS**Provide Color Photos with Report**

Comments: _____

17. OTHER CONDUCTORS**Provide Color Photos with Report**

Good ____ Requires Repair ____

Comments: _____

18 EMERGENCY GENERATOR

Provide Color Photos with Report

Good Requires Repair N/A

Comments: _____

19. TYPES OF WIRING METHODS

Provide Color Photos with Report

| | | | |
|------------------------------------|-------------------------------|---|------------------------------|
| a. Conduit Raceways Ridged: | Good <input type="checkbox"/> | Repairs Required <input type="checkbox"/> | N/A <input type="checkbox"/> |
| b. Conduit PVC: | Good <input type="checkbox"/> | Repairs Required <input type="checkbox"/> | N/A <input type="checkbox"/> |
| c. NM Cable: | Good <input type="checkbox"/> | Repairs Required <input type="checkbox"/> | N/A <input type="checkbox"/> |
| d. BX Cable: | Good <input type="checkbox"/> | Repairs Required <input type="checkbox"/> | N/A <input type="checkbox"/> |
| e. Other: | Good <input type="checkbox"/> | Repairs Required <input type="checkbox"/> | N/A <input type="checkbox"/> |

Other wiring (specify): _____

Comments: _____

20. SWIMMING POOL WIRING

Provide Color Photos with Report

Good _____ Requires Repair _____ N/A _____

Comments: _____

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

Comments: _____

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

Comments: _____

23. ADDITIONAL COMMENTS

Use Additional Sheets as Required

Provide Color Photos with Report

If the inspecting 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