



Electrical System Inspection Form

Inspection Address: _____, Oshawa

A separate form must be completed for each property.

Electrical Contractor Information

Electrical Contractor's Name: _____

Phone Number: _____

Email Address: _____

E.C.R.A. Licence Number: _____

Master Electrician's Name: _____

Electrician's Name: _____

Electrician's O.C.O.T. Number: _____

Declaration

I hereby certify that the dwelling/building located at _____
has been inspected for compliance with the Ontario Electrical Safety Code and that no visible fire or
shock hazards with the electrical system were identified on this date.

Electrician's signature: _____ Date: _____

Notes

- 1. Electrical system defects/deficiencies must be repaired before this form is completed. All electrical installation, repair and replacement work in Ontario must be carried out in accordance with the Ontario Electrical Safety Code.**
- 2. A permit from the Electrical Safety Authority may be required.**

This form may contain personal information as defined under the *Municipal Freedom of Information and Protection of Privacy Act*. This information is collected under the legal authority of the Municipal Act, 2001, S.O. 2001 c.25, as amended. This information will be used and maintained by the City of Oshawa for administering the Municipal Law Enforcement and Licensing process. Questions regarding this collection may be directed to the City's Information Access and Privacy Officer, City of Oshawa, 50 Centre Street South, Oshawa, Ontario, L1H 3Z7, 905-436-3311.