



Electric Power Survey

Customer:	Site:	Date:
Address:	City:	State:
Ticket#:	WO#:	Technician:

Amps / Volts

Building AMPS: _____	Building Volts: _____
Suite AMPS: _____	Suite Volts: _____
X-Form #1 KVA/AMPS: _____	X-Form Volts: _____
X-Form #2 KVA/AMPS: _____	

Notes

Additional Notes:
(if any)

