



FMS ID #:

Date:

Project Name:

Report #:

Project Address:

Electrical Engineer:

Project Description:

Program Unit:

Electrical Contractor:

Project Manager:

---

**Electrical Work (Use blank page for more detail on items listed below)**

Estimate % of Completion: [\_\_\_] %

Report Prepared By

Schedule Conformance [on time] [late] [early]

Name of Electrical Engineer:

Work in Progress: [GC] [mech] [elec] [plbg]

Name of Firm:

Present at Site: [\_\_\_] persons

Signature:

---

1. Items to Verify

2. Power

3. Lighting

4. Security

5. Fire Alarm

6. Generators & UPS

7. Other