

**DEVELOPMENT SERVICES DEPARTMENT - BUILDING DIVISION**

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[www.miamigardens-fl.gov](http://www.miamigardens-fl.gov)

**BUILDING RECERTIFICATION INSPECTION REPORT FORM - ELECTRICAL**

Initial Inspection Report

Amended Inspection Report after completion of repairs

**Licensed Engineer(s) or Architect(s) Responsible for Recertification Inspection**

Inspection Firm Name (if applicable):

Address:

Telephone Number: Email:

Assuming Responsibility for: All Portion If portion, please list:

Inspection Commencement Date: Inspection Completion Date:

NOTE: Add pages as required to list all additional design professionals assuming responsibility for the Recertification Inspections or portions thereof. Each Design Professional must sign and seal their portion of the work in accordance with Florida Statutes.

Please check the condition that applies:

Dangerous Condition Observed. Notify Building Official within 10 days

Immediate Dangerous Condition Observed. Notify Building and Fire Officials within 24 hours

Maintenance needed but does not rise to the level of Dangerous

Passed the Inspection

Licensed Design Professional:      Engineer      Architect

Name:

License Number:

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

Seal

Signature:      Date:

This report has been based upon the minimum inspection requirements of Miami-Dade County Code Sec. 8-11(f). To the best of my knowledge and ability, this report represents an accurate appraisal of the present conditions of the electrical system, based on careful evaluation of conditions, to the extent reasonably possible.

# MINIMUM INSPECTION PROCEDURAL GUIDELINES FOR BUILDING ELECTRICAL RECERTIFICATION

CASE REFERENCE NUMBER:

JURISDICTION NAME:

\*Use separate sheets for additional responses by referencing the report section number.

## 1. DESCRIPTION OF BUILDING

a. Name on Title:	
b. Building Street Address:	Bldg. #:
c. Legal Description:	Attached: <input type="checkbox"/>
d. Owner's Name:	
e. Owner's Mailing Address:	
f. Owner's email:	
g. Owner's Contact Phone Number:	
h. Corresponding Property Folio Number:	
i. Name of Condominium or Cooperative Association (if applicable):	
j. Building Code Occupancy Classification:	
k. Present Use:	
l. General description, type of construction, size, number of stories, and special features:	
m. Number of Stories:	n. Is this a Threshold Building <sup>1</sup> as per 553.71(12) F.S. (Yes/No):
o. Additional Comments:	

## 2. INSPECTIONS

a. Date of Notice of Required Inspection:

b. Date(s) of actual inspection:

c. Name and qualifications of licensee submitting report:

d. Are Any Electrical Repairs Required? (YES/NO):

1. If required, describe, and indicate acceptance:

e. Can the building continue to be occupied while recertification and repairs are ongoing? (YES/NO):

1. Explanation/Conditions:

## 3. ELECTRICAL SERVICE

PROVIDE PHOTO 3

a. Size: Voltage (      ) Amperage (      ) Type: Fuses (      ) Breakers (      )

b. Phase: Three-Phase (      ) Single Phase (      )

c. Condition: Good (      ) Fair (      ) Needs Repair (      )

Comments:

## 4. METERING EQUIPMENT

PROVIDE PHOTO 4

1. Clearances: Good (      ) Fair (      ) Needs Correction (      )

Comments:

<b>5. ELECTRIC ROOMS</b>			Not Applicable:	PROVIDE PHOTO 5
1. Clearances:	Good ( <input type="checkbox"/> )	Fair ( <input type="checkbox"/> )	Needs Correction ( <input type="checkbox"/> )	
Comments:				

<b>6. GUTTERS</b>			Not Applicable:	PROVIDE PHOTO 6
1. Location:	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
2. Taps and Fill:	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
Comments:				

<b>7. ELECTRICAL PANELS</b>			PROVIDE PHOTO 7	
1. Panel # ( <input type="checkbox"/> )	Location:			
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
2. Panel # ( <input type="checkbox"/> )	Location:			
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
3. Panel # ( <input type="checkbox"/> )	Location:			
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
4. Panel # ( <input type="checkbox"/> )	Location:			
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
5. Panel # ( <input type="checkbox"/> )	Location:			
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )		
Use separate sheets for additional panels.				

Comments:	

<b>8. BRANCH CIRCUITS (Exiting panel enclosure)</b>			PROVIDE PHOTO 8
1. Identified:	Yes ( <input type="checkbox"/> )	Must be Identified ( <input type="checkbox"/> )	
2. Conductors:	Good ( <input type="checkbox"/> )	Deteriorated ( <input type="checkbox"/> )	Must be Replaced ( <input type="checkbox"/> )
Comments:			

<b>9. GROUNDING OF SERVICE</b>			PROVIDE PHOTO 9
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )	
Comments:			

<b>10. BRANCH CIRCUIT EQUIPMENT GROUNDING SYSTEM</b>			PROVIDE PHOTO 10
	Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )	
Comments:			

<b>11. SERVICE CONDUIT/RACEWAYS</b>		PROVIDE PHOTO 11
Good (      )      Needs Repair (      )		
Comments: <hr/> <hr/> <hr/> <hr/> <hr/>		

<b>12. GENERAL CONDUIT/RACEWAYS</b>		PROVIDE PHOTO 12
Good (      )      Needs Repair (      )		
Comments: <hr/> <hr/> <hr/> <hr/> <hr/>		

<b>13. WIRE AND CABLES</b>		PROVIDE PHOTO 13
Good (      )      Needs Repair (      )		
Comments: <hr/> <hr/> <hr/> <hr/> <hr/>		

<b>14. BUSWAYS</b>		Not Applicable:	PROVIDE PHOTO 14
Good (      )      Needs Repair (      )			
Comments: <hr/> <hr/> <hr/> <hr/> <hr/>			

<b>15.THERMOGRAPHY INSPECTION RESULTS</b>	Not Applicable:	PROVIDE PHOTO 15
Design Professional to summarize results below. Attach thermography report by certified thermographer.		
Are there any anomalies reported in the thermography report? (Yes/No):		
Comments:		

<b>16.OTHER CONDUCTORS</b>	PROVIDE PHOTO 16
Good (      )	Needs Repair (      )
Comments:	

<b>17.TYPES OF WIRING METHODS</b>	PROVIDE PHOTO 17	
1. Conduit Raceways Metallic: Good (      )	Needs Repair (      )	N/A (      )
2. Conduit PVC: Good (      )	Needs Repair (      )	N/A (      )
3. NM Cable: Good (      )	Needs Repair (      )	N/A (      )
4. Other Conductors/Cables: Good (      )	Needs Repair (      )	N/A (      )
a. Other Conductors/Cables (Specify):		
Comments:		

<b>18.EXISTING EMERGENCY LIGHTING (BUILDING INTERIOR)</b>	PROVIDE PHOTO 18	
Good (      )	Needs Repair (      )	N/A (      )
Comments:		

<b>19.EXISTING BUILDING EGRESS ILLUMINATION (BUILDING EXTERIOR)</b>			PROVIDE PHOTO 19
Good (      )	Needs Repair (      )	N/A (      )	
Comments:			

<b>20.EXISTING FIRE ALARM SYSTEM</b>			PROVIDE PHOTO 20
Good (      )	Needs Repair (      )	N/A (      )	
Comments:			

<b>21.EXISTING SMOKE DETECTORS (Part of a fire alarm system only)</b>			Not Applicable:	PROVIDE PHOTO 21
Good (      )	Needs Repair (      )	N/A (      )		
Comments:				

<b>22.EXISTING EXIT SIGNS (ILLUMINATED)</b>			PROVIDE PHOTO 22
Good (      )	Needs Repair (      )	N/A (      )	
Comments:			

<b>23.EMERGENCY GENERATOR</b>			PROVIDE PHOTO 23
Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )	N/A ( <input type="checkbox"/> )	
Comments:			

<b>24.WIRING IN OPEN OR UNDERCOVER PARKING GARAGE AREAS</b>			PROVIDE PHOTO 24
Good ( <input type="checkbox"/> )	Requires Additional Illumination( <input type="checkbox"/> )	N/A ( <input type="checkbox"/> )	
Comments:			

<b>25.OPEN OR UNDERCOVER PARKING GARAGE AND EGRESS ILLUMINATION</b>			PROVIDE PHOTO 25
Good ( <input type="checkbox"/> )	Requires Additional Illumination( <input type="checkbox"/> )	N/A ( <input type="checkbox"/> )	
Comments:			

<b>26.SWIMMING POOL WIRING</b>			PROVIDE PHOTO 26
Good ( <input type="checkbox"/> )	Needs Repair ( <input type="checkbox"/> )	N/A ( <input type="checkbox"/> )	
Comments:			

<b>27. WIRING TO MECHANICAL EQUIPMENT</b>			PROVIDE PHOTO 27
Good (      )		Needs Repair (      )	N/A (      )
Comments:			

<b>28. UNDERGROUND OR LOWER-LEVEL PARKING GARAGES</b>		N/A:	PROVIDE PHOTO 28
CHECKLIST ITEMS TO CONFIRM OR CONSIDER FOR UNDERGROUND PARKING GARAGE:			
Number of Levels Below Grade Plane:			
A. Are the sump pumps operational? Select: (Yes/Need Repair/N/A)			
Explanation:			
B. If the elevator(s) travel below grade plane:			
1. Are they programmed to return to a level at or above BFE plus freeboard:			
Select: (Yes, No, Needs Repair, Will Retrofit):			
Explanation:			
2. Are they equipped with sensors that prevent the cab from descending into a flooded hoistway?			
Select: (Yes, No, Needs Repair, Will Retrofit):			
Explanation:			
C. Are the branch electrical circuits feeding devices below grade plane protected by a Ground Fault Circuit Interrupter (GFCI) breaker?			
Select: (Yes, No, Needs Repair, Will Retrofit):			
Explanation:			

<b>29. GENERAL ADDITIONAL COMMENTS</b>			