



# Ohio Manufactured Homes Commission

5100 Parkcenter Avenue, Suite 103, Dublin, Ohio 43017

Date:	_____
County:	_____
Permit#:	_____
Seal#:	_____

## INSPECTOR'S CHECKLIST—ELECTRICAL SERVICE

JOB ADDRESS: \_\_\_\_\_

DEALER: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

INSTALLER: \_\_\_\_\_ OMHC LICENSE #: \_\_\_\_\_

HUD SERIAL #: \_\_\_\_\_

INSTALLING ELECTRICIAN: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

- 1) Yes \_\_\_ No \_\_\_ Is the manufactured home tied down (*if the home is not tied down, do not connect electrical service*)
- 2) Yes \_\_\_ No \_\_\_ Overhead - Proper Cable, Mast, Support, Weatherhead, Point of Connection, Driploop.
- 3) Yes \_\_\_ No \_\_\_ Underground - Proper Riser, Bushings, Support.
- 4) Yes \_\_\_ No \_\_\_ Location of Service Equipment per Art 550.32 of the 2005 NEC OR (in the case of a used home) per Art. 550-23(a) Ex. #2 of 1993 NEC.
- 5) Yes \_\_\_ No \_\_\_ Service Equipment is Securely Fastened in Place.
- 6) Yes \_\_\_ No \_\_\_ Access Doors / Equipment Doors Will Open at Least 90 Degrees.
- 7) Yes \_\_\_ No \_\_\_ Clear Work Space in Front of Service Equipment.
- 8) Yes \_\_\_ No \_\_\_ Ground Rod, \_\_\_ Clamp, & \_\_\_ Grounding Electrode Conductor Properly Installed.
- 9) Yes \_\_\_ No \_\_\_ Equipment is Suitable for Use as Service Equipment.
- 10) Yes \_\_\_ No \_\_\_ Service Entrance Conductors are Properly Sized to Match Amperage.
- 11) Yes \_\_\_ No \_\_\_ Main Bonding Jumper Properly Sized and Installed.
- 12) Yes \_\_\_ No \_\_\_ All Connections are Tight and Made with Proper Conductor Bending Radius.
- 13) Yes \_\_\_ No \_\_\_ Main Disconnect Properly Labeled.
- 14) Yes \_\_\_ No \_\_\_ Back-fed Main Breakers are Secured in Place.

Note: Steel frame bonding jumper(s) may be inspected at this time if available. Yes \_\_\_ No \_\_\_ N/A \_\_\_

Note: Additional inspections by an Electrical Safety Inspector may be required if there are new circuits in basements, or other attached structures that were not delivered with the home.

Approved       Disapproved

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OMHC Inspector \_\_\_\_\_ (Signature) \_\_\_\_\_ Certification # \_\_\_\_\_ Date \_\_\_\_\_