ASSURED EQUIPMENT GROUNDING CONDUCTOR PROGRAM

COMPANY NAME:

SHOP ADDRESS:

JOB NAME OR NUMBER

ID OF EQUIP TESTED	DATE TESTED	ACTION, IF ANY	REASON- A-B-C-D	TESTED BY (SIGNATURE)

*REASON FOR TEST: A. BEFORE FIRST USE.

B. BEFORE EQUIPMENT IS RETURNED TO SERVICE FOLLOWING ANY REPAIRS

C. BEFORE EQUIPMENT IS USED AFTER ANY INCIDENT WHICH CAN REASONABLE BE SUSPECTED TO HAVE CAUSED DAMAGE.

D. AT INTERVALS NOT TO EXCEED 3 MONTHS, EXCEPT THAT CORD SETS AND RECEPTACLES WHICH ARE FIXED AND NOT EXPOSED TO DAMAGE SHALL BE TESTED AT INTERVALS NOT EXCEEDING 6 MONTHS.

COMPANY AUTHORIZED SIGNATURE: