



TEST AND TAG CHECK LIST

Site Name: _____

Site Number/Location: _____

Technician: _____

Job Number: _____

Client: _____

Date: _____

Appliance Detail (Please include Model and SN)	Test Instrument	Insulation Resistance (MΩ)	Correct Circuit Connections (Y/N)	Continuity (MΩ)	Test Tag ID Number	Expiry Date	Pass /Fail	Comments
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