CHECKLIST RECORD FOR VISUAL INSPECTION OF IT EQUIPMENT IN OFFICES, LIBRARIES AND SIMILAR LOW RISK ACCOMMODATION.

SCHOOL / UNIT: ……
BUILDING / LOCATION: ……

Date	**Location** (Room No.)	**Equipment** (Manufacturer, Model, etc)	**Serial No.** (or Other Identifier)	**VISUAL CHECK (√)**				**ACTION**	
				Cable	Plug	Equipment	**Pass Y / N**	Required	Date Action Completed

* A more detailed explanation of the inspection requirements is available in Part 3 of the University Health and Safety Policy, Appendix 1: Checklist for Inspection of Portable Electrical Equipment, available at http://www.safety.ed.ac.uk/policy/part3/app_1.html