

FLOOD DAMAGE ELECTRICAL CIRCUIT MEGOHMETER TESTING CNI-026

Site Address		Property Owner	
City/Town	Zip	Mailing Address	
Assessor's Parcel Number		 City/Town	State/Zip

PURPOSE

To check the condition of conductor insulation using a minimum 500v DC megohmeter. This test must be performed by a licensed electrician on all inundated, and not yet replaced, power and control circuits.

- $\mathbf{0}$ To Be Completed by Electrician $\mathbf{0}$ -

Use the reverse side of this form, or a reasonable facsimile, to record test results of the individual circuits. Any measurement of less than 10 megohms is not acceptable.

The electrician's evaluation of the condition of the wiring system, i.e., service panel, panel boards, subpanels and conductors, is required.

Electrician's Name	Date
Company's Name	License Number
	by Permit Sonoma Building Inspection Staff ()
Comments:	
Inspector	Date

FLOOD DAMAGE ELECTRICAL CHECKLIST

This form must be completed before re-energizing the service panel and prior to the final of the building permit.

I. Service panels and panel boards (sub-panels):

Molded case circuit breakers replaced? 🗆 Yes 🗆 No if not, why: ______

Fuses replaced?

Yes
No if not, why: ______

Busbars clean and dry and show no evidence of oxidation/corrosion?
Yes
No if not, why:

Grounding electrode system in place including water and gas bonds?
Yes
No if not, why:

II. House wiring system:

Conductors of house wiring system tested (megohmeter)? 🗆 Yes 🗆 No 🛛 if not, why: ______

Megohmeter test results submitted on conductors if they're not being replaced? (use attached Test Results form or facsimile) \Box Yes \Box No if not, why: _____

Appliances replaced including electric water heaters? \Box Yes \Box No $\,$ if not, why: ______

Electronically controlled and solid-state contactors and starts replaced?

Yes
No if not, why: _____

Components containing semi-conductors of transistors replaced?
Yes
No if not, why:

Overload relays and adjustable-speed drives replaced?
Yes
No if not, why: ______





TEST RESULTS

ite Address:		City:	
C IRCUIT #	TYPE OF CIRCUIT	TEST READING	DATE OF TEST



