Facility Electrical Equipment Approval Form

For use at Argonne National Laboratory

Division: ___________________________  Manufacturer: ___________________________
Equipment Owner: __________________  Model Number: _______________________
Equipment Name: ___________________  Serial Number: _______________________
Equipment Location: Building __ Room __ ANL Property Number: ____________
Label Number: ______________________
   ☐ Multiple  ☐ Single

Unlisted equipment that is determined to be safe to operate will have a tracking sticker attached for identification. Equipment that does not pass this evaluation will have a REJECTED sticker attached.

Use the following factors when evaluating equipment [NEC 110-3].

1. Suitability for installation and use in conformity with the provisions of the NEC, including properly sized overcurrent protection and grounding and bonding.

2. Mechanical strength and durability, including guarding of live parts and protection from environmental conditions.

3. Wire bending and connection space, including access to servicable parts, component clearances and spacing.

4. Electrical connections, including wire sizing, leakage currents, dielectric testing and polarity.

5. Heating effects, including under normal conditions of use and also under abnormal conditions likely to arise in service.

6. Arcing effects, including potential for arc flash hazard.

7. Proper labeling, including voltage, current capacity and any additional wording necessary for safe operations.

8. Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment, including interlocks and non-electrical hazards.

NOTE: APPROVED EQUIPMENT SHALL BE INSTALLED AND USED IN ACCORDANCE WITH THE INSTRUCTIONS PROVIDED BY THE DESIGNER/BUILDER.

Comments: Include all designer/builder instructions, restrictions on use, drawings or information that is relevant to the safe installation and use of this equipment.

☐ This equipment is approved for installation or use at ANL.
☐ This equipment is rejected for use at ANL. (See comments above)
☐ This equipment has been removed from service at ANL.

IF THIS EQUIPMENT IS MODIFIED, DAMAGED OR UTILIZED FOR OTHER THAN THE INTENDED USE, THIS APPROVAL IS VOID, PENDING RE-EXAMINATION.

Operating Environment:
   ☐ Indoor Use Only
   ☐ Damp/Wet Locations
   ☐ Hazardous/Classified Locations
Expiration Date: ____________

Inspection Date: ____________  Inspector (Name): ____________  Inspector (Signed): ____________