

ELECTRICAL PLAN REVIEW TRAINING PROGRAM (rev05)

CHECKLIST (Only this BOAF checklist may be used)

Required 34 hours (minimum) of FLORIDA BUILDING CODE, ICC, NEC, (or equal) classroom training. (See Master List for related training)

Required 250 hours (minimum) On-the-Job Training (OJT) with an Electrical Plan Examiner Trainer.

A. Extensive training on all aspects of electrical systems.

1. Building Service
2. Electrical Layout
3. Panel Schedule & Specifications
4. Emergency Power
5. Motor Appliances
6. Special Wiring & Equipment
7. Plan Analysis of Service
8. Analysis of Electrical Layout
9. Panel Schedule and Specifications
10. Analysis of Emergency Systems
11. Analysis of Motor Circuits
12. Communications Systems

Electrical Trade Plan Review

Initial the OJT checklist when each training segment has been completed and include the number of hours spent on that segment and date of completion.

- | | |
|---|--|
| <input type="checkbox"/> Working Clearance | <input type="checkbox"/> Grounded Conductor |
| <input type="checkbox"/> Branch Circuits | <input type="checkbox"/> Branch Circuit Calculations |
| <input type="checkbox"/> Household Cook Equipment | <input type="checkbox"/> Services |
| <input type="checkbox"/> Over-Current | <input type="checkbox"/> Grounding |
| <input type="checkbox"/> Grounded Electrode Conductor | <input type="checkbox"/> Bonding |
| <input type="checkbox"/> Equipment Grounding Conductor | <input type="checkbox"/> Wiring Methods |
| <input type="checkbox"/> Conductor Ampacity | <input type="checkbox"/> Cable Trays |
| <input type="checkbox"/> Nonmetal Tubing | <input type="checkbox"/> Type NM Cable |
| <input type="checkbox"/> Service Cable | <input type="checkbox"/> Rigid Metallic Conduit |
| <input type="checkbox"/> Electrical Metallic Tubing | <input type="checkbox"/> Flexible Metal Conduit |
| <input type="checkbox"/> Wire-ways | <input type="checkbox"/> Box Fill |
| <input type="checkbox"/> Switch/Panel Boards | <input type="checkbox"/> Cords |
| <input type="checkbox"/> Light Fixtures | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Electric Space Heating Equipment | <input type="checkbox"/> Motors |
| <input type="checkbox"/> Motor Full-Load Currents | <input type="checkbox"/> Air Conditioning & Ref. Equipment |
| <input type="checkbox"/> Transformers | <input type="checkbox"/> Over 600 Volts Equipment |
| <input type="checkbox"/> Hazardous Locations | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Mobile Homes | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Information Technology Equipment |
| <input type="checkbox"/> Emergency Systems | <input type="checkbox"/> Signal Circuits |
| <input type="checkbox"/> Fire Alarm Systems | <input type="checkbox"/> Communications |

The above specific areas of Electrical Plan Review Training have been completed,

Total Hours = _____

Trainee Name

Date Completed

Electrical Plan Examiner Trainer

Date Completed

BCAIB # _____

Electrical Plan Examiner Trainer

Date Completed

BCAIB # _____

Electrical Plan Examiner Trainer

Date Completed

BCAIB # _____

Electrical Plan Examiner Trainer

Date Completed

BCAIB # _____

ATTACH COMPLETED LOG FORM