

Home Owner Name: _____

Property Address: _____

Phone: _____

E Mail: _____

Home Electrical Safety Test

- | | | | |
|-----|--|-----|----|
| 1. | Is your home older than 15 years? | YES | NO |
| 2. | Have you added to or modified your electrical system in the last 5 years? | YES | NO |
| 3. | Has your entire electrical system been inspected by a certified electrician in the last 5 years? | YES | NO |
| 4. | Have you noticed a drastic change in your electrical bill within the past few months? | YES | NO |
| 5. | Do your lights flicker frequently? | YES | NO |
| 6. | Do you have outlets or switches that are not functioning properly? | YES | NO |
| 7. | Do you have light bulbs that require replacing more often than usual? | YES | NO |
| 8. | Do you have aluminum wiring in your home? | YES | NO |
| 9. | Do you have fuses or breakers that have tripped in the last year? | YES | NO |
| 10. | Are your smoke detectors older than 5 years old? | YES | NO |
| 11. | Has it been more than 12 months since you last tested your GFI receptacles? | YES | NO |
| 12. | Have you had to replace an electrical appliance due to a malfunction other than age? | YES | NO |

ADD UP TOTAL NUMBER OF YES & NO

Score Results

- 0-1 YES: Your home is at a low risk for an electrical fire.
2-4 YES: It is advisable you book a free electrical assessment soon.
5-8 YES: It is strongly advised you book a free electrical assessment now!
9-12 YES: It is urgent you book a free electrical assessment today!

some things in life are priceless

Protect your valuables, memories, and peace of mind....

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