



EGRESS FORM

LIST OF ELECTRICAL MATERIALS, APPLIANCES, OR EQUIPMENT							
Registered Business Name/Company Name:							
Company Trade Name: (Brand Name)							
Contact Person:							
Contact Number:							
Location:							
Note: Please ensure that all items have a property label/tag.							
Count	Equipment / Appliance Name	Specifications	Serial Number	Voltage	Wattage per Equipment	Quantity	Total Wattage
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
						OVERALL TOTAL WATTS	