



INGRESS FORM

LIST OF ELECTRICAL MATERIALS, APPLIANCES, OR EQUIPMENT

Registered Business Name/Company Name:

Company Trade Name: (Brand Name)

Contact Person:

Contact Number:

Location:

Notes:

Spare/back-up equipment should not be on the list, this is to prevent using the unit at the same time.

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