



**Office of the Fire  
Commissioner**

Inspection and Technical Services  
Winnipeg Office:  
500-401 York Avenue  
Winnipeg Manitoba Canada R3C 0P6  
Phone: (204) 945-3373

## Electrical Inspection Report / Order to Remedy

File No:	Assigned To:	Date Call taken:
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Requestor Name:	Inspection Location/Date:
Contact Name/Phone/Email:	Electrian Name/Licence No:
Equipment Type/Manufacturer:	Model No:
Label Number:	
COMMENTS:	

The following deficiencies have been identified and require the following corrective action(s) to be completed by the noted compliance date.

No.	Code Reference/ Article No.	Deficiency	Corrective Action	Compliance Date

\*\*\*Additional information as required may be made on additional pages, and shall become part of this inspection report

Number of additional pages attached:	
Inspection Comments/Recommendations:	

Time spent on site:	

**Appeal of Order(s)**

The person to whom the indicated order(s) has been directed to may submit a request for appeal of the order(s) to the Director.

The request must be in writing and must include:

- (a) The person's name and address and the reasons for requesting the appeal; and
- (b) a copy of the order.

A request for appeal of an order must be made within the following times:

- (a) If the order requires compliance in less than 14 days, within the time specified for compliance.
- (b) In any other case, within 14 day after the person received or is deemed to have received the order.

Date:	
Inspector Name:	
Inspection Address:	
Phone Number:	
Report provided to:	

This report has been prepared for the above named client for the purposes of performing an inspection of the equipment named. The report is solely based on conditions existing on the above noted inspection date. No representation or responsibility is assumed whatsoever to third parties who rely on this report without authorization. The Owner or their Authorized Agent shall be solely responsible for ensuring that out the provisions in the Electrician's Licensing Act and Regulations are carried out.