

Electrical Program
Submit completed form to:
ElectricalPlanReviewMailQuestions@Lni.wa.gov

For L&I Use Only
EPR

This checklist will ensure you submit a complete plan review. Plans submitted without this form completed in full, signed and dated, may be returned “Disapproved” and a fee charged. Plan sheets, panel schedules, calculations and other items must be typed. *Items in pencil or pen are not acceptable.*

For detailed instructions, see the [Electrical Plan Review Submittal Guide](#).

Facility Name: _____

Facility Type

Assisted Living Educational Institutional Hospital Nursing Home

Other _____

Professional Engineers Stamp & Signature (placed on each plan sheet)

Plan Sheets & Sets

Number of **plan sheets** provided: _____ Number of **plan sets** provided: (*only one set is required*) _____

Service Point (verified and shown on sheet: _____)

One-Line/Riser Diagrams (complete one-line is located on sheet(s): _____)

Fault Current Calculations (AIC values greater than 10,000 identified on the one-line/riser diagram)

Panel Schedules (number of panel schedules as required: _____)

Generator or Alternate Power System

Generator system(s) present at facility is located on sheet(s): _____ and identified as: _____

Documentation on System “Selective” Coordination — *Other documentation required*

Documentation is located on sheet: _____ or is provided by separate letter.

Metered Demand Data — *Other documentation required*

Where used, provide a separate letter attesting to the validity of the demand data, signed by a professional electrical engineer; or where allowed, by the electrical administrator or the electrical contractor.

Medium or High Voltage System (Over 1000V)

Customer owned primary distribution one-line diagram is shown on sheet(s): _____

Hazardous Locations (Classified) (boundary lines are shown on sheet(s): _____)

I have reviewed and provided all the required information for the checklist and attached the [Electrical Plan Review Submittal Form](#).

Print Name

Signature

Date