

Patrol/Inspection Map Correction Form

Inspector Name: _____

Check One: * OH * UG

Check One: * Patrol * Inspection

Date Pat/Insp: _____

Electric Map Number: _____ Sub⁽¹⁾: _____ Circuit⁽¹⁾: _____

Dept.: Compliance Dept. Dept. Ref. Number: _____ Number of Location(s): _____ (See Attached Copies of the Map)

Loc#	Location	Check All that Apply:								Other (Describe)
		W ro ng Si ze /T yp e of E qu ip m en t (tr an s f or m e r, lin e eq ui p m e n t, val ve, etc .)	W ro ng Si ze /T yp e of C on du ct or , C ab le, M ai n, Se rv ic e (i.e - pi pe s an d wi re s)	Fa cil iti es Sh o w n in W ro ng L oc ati on (e. g- wr on g dis tan ce or di me nsi on fro m P/ L)	W ro ng Si ze /T yp e of Su pp or t St ru ct ur e or E nc lo su re (p ole , gu y, bo x, co nd uit, etc .)	W ro ng T ex t In fo r m ati on M ap (n ot as so cia te d wit h an y sy mb ol)	L an d Ba se Di sc re pan cy (e. g- str eet s or pr op ert y lin es do n't ma tch)	Fa cil iti es wi th In co rr ec t N u m be r (e. g- wr on g eq ui p m e n t nu m be r, cir cui t nu m be r, etc .)	Fa cil iti es A dd ed or Re m ov ed	

⁽¹⁾ Not required, but provide information if available.

Received by Mapping: _____ Mapping use only: PM # _____	Action taken: _____	Completed By/Date: _____ / _____
--	---------------------	----------------------------------