

Patrol/Inspection Map Correction Form

Inspector Name: _____

Check One: * OH * UG

Check One: * Patrol * Inspection

Date Pat/Insp: _____

Electric Map Number: _____ Sub#: _____ Circuit#: _____

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

Loc#	Location	Check All that Apply									Other (Describe)
		Wrong Size /Type of Equipment (main or line equipment, etc.)	Wrong Size /Type of Conductor, Cable, Main, Service	Facilities Shown in Wrong Location (structure or installation)	Wrong Size /Type of Support Structure or Pole	Wrong Text Information on Map (structure or pole)	Land Base Discrepancy (e.g. error)	Facilities with Incorrect Nomenclature (e.g. equipment number, etc.)	Facilities Added or Removed		

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

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