



Risk Reduction

A division of the
Manhattan Fire Department

Scott French, Fire Chief

2000 Denison Ave. ♦ Manhattan, KS 66502 ♦ 785-587-4506 ♦ Emergency Dial 911

Electrical Appliance Installation Self Inspection Form

Company Name: _____

Address of installation: _____

Appliance installed: _____ Date of installation: _____

Permit number: _____ Permit issue date: _____

Name of Journeyman / Master who installed appliance: _____

Maximum overcurrent device size as listed on appliance: _____

Size of overcurrent device serving the appliance: _____

Electric water heater:

- T&P valve termination location: _____
- Pan installed (Y/N) ____ If not, indicate applicable exception: _____

Air conditioner:

- Are locking caps installed on refrigeration fill ports? (Y/N) ____ If not, please provide the applicable exemption: _____

I certify that to the best of my knowledge the appliance has been installed in accordance with the manufacturer's installation instructions and the 2018 International Residential Code, 2018 International Plumbing Code, or 2018 International Mechanical Code as adopted by the City of Manhattan.

Signature: _____

Please email this form, and at least one picture of the completed installation to:

RiskReduction@cityofmhc.com