Your Company

Phone: (503) 555-1212
Fax: (503) 555-1213

CCB# XXXXXX

Assured Equipment Grounding Log

Job name: _____ Job/Vehicle# _____

Foreman: _____ Date: _____

Test, Identify, and record results each Quarter. 1st – Jan 1 - March 31 White, 2nd – Apr 1 - June 30 Green, 3rd – July 1 - Sept 30 Red, 4th – Oct 1 - Dec 31 Orange

Tool Name/Type	Tool#	Notes and Comments	Color

Your Address