**Electrical Installation Safety Inspection Certificate**

**Re-energisation Safety Statement**

**CUSTOMER DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTALLATION ADDRESS**

Floor: \_\_\_\_\_\_\_\_ Unit No. \_\_\_\_\_\_\_\_ Street No. \_\_\_\_\_\_\_\_ Lot/RMB No. \_\_\_\_\_\_\_\_

Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: NSW Postcode: \_\_\_\_\_\_\_\_\_\_\_

**INSPECTION RESULTS**

**Visual Inspection**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Serviceable Condition** | **Repairs Required / Recommended** | **Remarks** |
| Switchboard |  |  |  |
| Main earth electrode |  |  |  |
| Switches |  |  |  |
| Socket outlets |  |  |  |
| Lighting points |  |  |  |
| Fixed appliances |  |  |  |
| Visible cabling |  |  |  |
| Ceiling space |  |  |  |
| Other equipment |  |  |  |

**Testing**

|  |  |  |  |
| --- | --- | --- | --- |
| **Area** | **Pass** | **Fail** | **Remarks** |
| Main earth integrity |  |  |  |
| Equipotential bond to water pipe system integrity |  |  |  |
| Fixed appliances earthing integrity |  |  |  |
| Insulation resistance – power circuits |  |  |  |
| Insulation resistance – light circuits |  |  |  |
| Insulation resistance – fixed appliances |  |  |  |
| Insulation resistance – other circuits |  |  |  |

**Actions Taken**

Circuits disconnected and made safe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any other comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have carried out the above tests and visual inspections and confirm that the electrical installation is safe to re-energise.

*Name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Licence No:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Date of Safety Inspection:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_