

CERTIFICATE OF COMPLIANCE – ELECTRICAL WORK

Customer COPY

CERTIFICATE NO: 1563151

CUSTOMER DETAILS

Name				Telephone Contact	
Site Address				Meter No:	
Cross Street		Postcode		NMI (if applicable)	

INSTALLATION WORK DETAILS Indicate the type of installation and types of work performed under this Notice

Type of Installation	<input type="checkbox"/> Residential	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Rural	<input type="checkbox"/> Other
Special Conditions	<input type="checkbox"/> over 100 amps	<input type="checkbox"/> High Voltage	<input type="checkbox"/> Hazardous Area	<input type="checkbox"/> Generator	<input type="checkbox"/> Unmetered Supply

CERTIFICATE MUST BE ISSUED TO THE CUSTOMER FOR ALL ELECTRICAL WORK

Work of the following type must ALSO be notified to the **ELECTRICITY DISTRIBUTOR (DNSP)**

- New Installation
- Additions or alterations to a switchboard or associated equipment
- Network connection or metering
- Defect Rectification No:

DETAILS OF EQUIPMENT

Describe the equipment and estimate load increase of the work affected by this Notice. If insufficient space attach separate sheets.

EQUIPMENT	RATING	No.	PARTICULARS OF WORK
<input type="checkbox"/> Switchboards			
<input type="checkbox"/> Circuits			
<input type="checkbox"/> Lighting			
<input type="checkbox"/> Socket-outlets			
<input type="checkbox"/> Appliances			
Estimated increase in load A/ph			<input type="checkbox"/> Increased load is within capacity of installation/service mains
<input type="checkbox"/> Work is connected to supply			<input type="checkbox"/> Work is not connected to supply pending inspection by DNSP

The work has been carried out or supervised by: Licence No:

TEST REPORT

Indicate the relevant tests and checks that have been performed on the work. If test records are provided attach as separate sheets.

<input type="checkbox"/> Earthing system integrity Ω	<input type="checkbox"/> Residual current device operation
<input type="checkbox"/> Insulation resistance $M\Omega$	<input type="checkbox"/> Visual check that installation is suitable for connection to supply
<input type="checkbox"/> Polarity	<input type="checkbox"/> Stand-alone power system complies with AS 4509
<input type="checkbox"/> Correct circuit connections	<input type="checkbox"/> Fault loop impedance (if necessary)

I confirm that I have carried out the above tests and visually checked that the installation work described in this Certificate complies with AS/NZS 3000 and is suitable for its intended use.

Name: Licence No:
Signature: Date of Testing:

CERTIFICATION

I, the Electrical Contractor give notice to the Customer and _____ (Name of DNSP or OFT), that the work described in this Certificate has been completed in accordance with the Electricity (Consumer Safety) Regulation 2006

Name: Licence No:
Signature: Date of Notice:
Address: Telephone No. or Other Contact:

ELECTRICITY DISTRIBUTOR (DNSP) REMARKS

Inspected by: Date:
Comments:

