

Inspector's Name:	Order No:	Date of Inspection: / /
Name of REC:	Reg. No.:	
Audit Only <input type="checkbox"/>	Audit and Inspection <input type="checkbox"/>	Re-Inspection Required <input type="checkbox"/>
<b>Total Evaluation Summary (Audit / Inspection)</b>		
Major non-conformance	Serious non-conformance	Non-conformance
Office Visited: Yes <input type="checkbox"/> No <input type="checkbox"/>	Comment:	
<b>Test Equipment</b>		Yes No
Test equipment available for inspection (Sub-Clause C.1.2.20.)		
Test equipment calibrated (Sub-Clause C.1.2.21.) and calibration records available (Sub-Clause C.1.2.22.)		
Type	Qty	Make of Equipment Presented
		Serial Number of Equipment Presented
Insulation/Cont. Tester		
Loop Impedance Tester		
RCD Tester		
Multi-Tester (3x1)		
<b>Reference Documents</b>		Yes No
Current ET101 Wiring Rules available for inspection (Sub-Clauses C. 1.2.23 & 1.2.24.)		
<b>Controlled Works Certification</b> <small>(Clauses C. 4.3; 4.4 &amp; 4.5. &amp; Common Procedure No. 1)</small>		Yes No / Not Available
On-Line <input type="checkbox"/> Manual <input type="checkbox"/>		Comments
Correct certificates issued and returned for all controlled works		
Test record sheets available for inspection and completed:		
Audit Non-Conformance notice issued: Yes <input type="checkbox"/> No <input type="checkbox"/>		To be returned to Safe Electric within 30 working days
Inspection Non-Conformance notice issued: Yes <input type="checkbox"/> No <input type="checkbox"/>		Works to be rectified by: / /
Emergency Works and/or Hazard Works Notice Issued: Yes <input type="checkbox"/> No <input type="checkbox"/>		Reason:
<b>Persons Carrying Out Electrical Work</b>		Responsibilities Fulfilled: Yes No
Principal Duty Holder: <small>(Sub-Clause C.1.2.5.)</small>		
Qualified Certifier/s: <small>(Sub-Clauses C.1.2.7.;1.2.8; 1.2.10 &amp; 1.2.11.)</small>		
QC Number/s:		
Person(s) in attendance at inspection / audit:		
Comments:		

**TO BE RETURNED TO SAFE ELECTRIC WITHIN 30 WORKING DAYS**

Non-Conformance Notice

*I confirm that all issues found in the Audit Inspection have been rectified.*

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Email or Post this form to Safe Electric at: Unit 9, KCR Industrial Estate, Kimmage, Dublin 12 Fax No: 01 492 9983 Email: info@reci.ie

Signature of Inspector: \_\_\_\_\_ Signature of REC / Representative: \_\_\_\_\_

IMPORTANT

PLEASE SIGN AND RETURN