



Safety Supervisory Body 'Audit' Non-Conformance Notice

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"/>				
Total Evaluation Summary (Audit / Inspection)								
Major non-conformance		Serious non-conformance		Non-conformance				
Office Visited: Yes <input type="checkbox"/> No <input type="checkbox"/>		Comment:						
Test Equipment							Yes	No
Test equipment available for inspection (Sub-Clause C.1.2.20.)							Yes	No
Test equipment calibrated (Sub-Clause C.1.2.21.) and calibration records available (Sub-Clause C.1.2.22.)							Yes	No
Type	Qty	Make of Equipment Presented	Serial Number of Equipment Presented					
Insulation/Cont. Tester								
Loop Impedance Tester								
RCD Tester								
Multi-Tester (3x1)								
Reference Documents							Yes	No
Current ET101 Wiring Rules available for inspection (Sub-Clauses C. 1.2.23 & 1.2.24.)							Yes	No
Controlled Works Certification							Yes	No / Not Available
On-Line <input type="checkbox"/> Manual <input type="checkbox"/> (Clauses C. 4.3, 4.4 & 4.5. & Common Procedure No. 1)							Yes	No / Not Available
Correct certificates issued and returned for all controlled works							Yes	No
Test record sheets available for inspection and completed:							Yes	No
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:	
Persons Carrying Out Electrical Work							Yes	No
Principal Duty Holder: (Sub-Clause C.1.2.5.)							Yes	No
Qualified Certifier/s: (Sub-Clauses C.1.2.7, 1.2.8, 1.2.10 & 1.2.11.)							Yes	No
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: info@safelectric.ie / PO Box 13560, Galway.



Signature of Inspector: _____ Signature of REC / Representative: _____