## **INSPECTION REQUEST FORM**



Form R41	
Version 4	

	Reg/Ref.No
(Block Letters) Address	Order No
	Date Received:
Phone	Remittance Rec'd €
Electrical Contractor  or Electrician  (Tick as appropriate)	Passed to Inspector:
INSPECTION DETAILS	
(Block Letters) Name of Consumer	
Inspection Address	Phone
Installation Category: Domestic • Commercial • Industrial • Other (Spe	cify) •
Type of Premises: (House, Flat, Shop, Office, Factory etc.) No. of Bedrooms or Sq.Ft	
Type of Installation New • Rewire • Addition • Re -Connection • NSH • Temp Supply •	Other •
Electricity Supply: 1 PH • or 3 PH • Metering: Whole Current • or CT • Earth	ing: TN -C-S • or TT •
Number of Inspections required(one inspection per meter/consumer/letting at same	e address)
Installation Completed (date) Inspection Required (date)	
Remittance Enclosed: €( <i>Bank Draft/Postal Order/Money Order/C</i>	redit Card ONLY)

Please confirm that the following tests have been completed (Tick and quote test value where appropriate)

	Test Completed ( $\checkmark$ )	Test Value	
Continuity of Protective & Bonding Conductors			
Continuity of Ring Circuit Conductors (if applicable)			
Maximum Resistance of Protective Conductor			Ohms
Minimum Insulation Resistance (for total installation)			M Ohms
Erroneous Tests			
Polarity			
The following apply if power is connected:			
Maximum Fault Loop Impedance			Ohms
Verification of Operation of RCDs and RCBOs			ms

I confirm that the above electrical installation has been constructed and completed by me in accordance with the current edition of the ET101 National Wiring Rules and <u>TEST RECORD SHEETS ARE HELD AND AVAILABLE FOR</u> INSPECTION.

Signed \_\_\_\_

Date

THIS FORM MUST BE COMPLETED AND SIGNED BY THE ELECTRICAL CONTRACTOR/ELECTRICIAN WHO MUST ALSO BE IN ATTENDANCE AT TIME OF INSPECTION. THIS INSPECTION REQUEST FORM SHOULD BE FORWARDED TO SAFE ELECTRIC AT LEAST <u>10 DAYS BEFORE INSPECTION IS</u> REQUIRED.

Safe Electric, PO Box 13560, Galway

Phone: 091-480974

Electrical Contractor/Electrician