

APPLICATION INSPECTION REQUEST FORM

Electrical Contractor/Electrician _____
(Block Letters)
Address _____

For Office Use Only
Reg/Ref.No _____

Order No. _____

Phone _____

Date Received:

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 (Specify) • _____

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: WholeCurrent • or CT • Earthing: TN -C-S • or TT •

Number of Inspections required _____ (one inspection per meter/consumer/letting at same address)

Installation Completed (date) _____ Inspection Required (date) _____

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

	Test Completed (✓)	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		
<i>The following apply if power is connected:</i>		
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 **TEST RECORD SHEETS ARE HELD AND AVAILABLE FOR INSPECTION.**

Signed _____ Date _____
Electrical Contractor/Electrician

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 10 DAYS BEFORE INSPECTION IS REQUIRED.