Periodic Inspection Report
for an Electrical Installation

BOOK OF 10
GUIDELINES FOR PERIODIC INSPECTION REPORT

SCOPE
The report is intended to identify the condition of the fixed electrical installation. Note that fixed appliances e.g. night storage heaters, electric cookers are not part of the fixed installation. It is important that the person ordering the test is aware of this fact and the tester should take reasonable steps to record that this particular information has been given to the person ordering the inspection. Cables concealed within trunking and conduits within the fabric of the building or underground cannot in most circumstances be inspected. This fact is recorded on the report. On page four observations and recommendations are made based on a combination of visual inspection and electrical measurements (see part 6, National Rules for Electrical Installations, current edition).

PROCEDURE
All sections of the report must be completed. The layout of the form is intended to facilitate a standard approach to inspection. Please note all instructions carefully. On pages two and three any of the numbered questions answered “NO” must be referred to the comment section of the report. It is permissible in larger installations to use sampling methods for inspecting switches, sockets, etc. It is important however to ensure that an adequate ratio and sampling method is used in order that an accurate report may be written. The comment section should always state if this system has been used and the ratio inspected.

Consideration should be given to using clear and unambiguous recommendations in the comment section of the report keeping in mind that in most circumstances the section in question may be read by a non-technical person. Where additional comments need to be made please use numbered continuation sheets.

RECOMMENDATIONS FOR REMEDIAL WORKS
Following the periodic inspection of the installation a schedule of defects, damage, deterioration and potentially dangerous non-compliances shall be provided together with recommendations for remedial works. On page four of the report a numbering system is used to indicate to the person(s) responsible for the installation the action recommended. The numbering system is as follows: (1) Requires urgent attention, (2) Requires Improvements, (3) Requires some attention, (4) Does not comply with current National Rules for Electrical Installations. Note that using (4) does not necessarily imply that the electrical installation inspected is unsafe, it is most important that this number system is used for all reports. Where there are serious defects in the electrical installation consideration should be given to additional notification to the person responsible for the installation using registered mail. The frequency of periodic inspection and testing shall be determined by the type of installation, its use and operation, the frequency of maintenance and the external influences to which it is subjected.

DISTRIBUTION OF THE REPORTS
The original report (white copy) is intended for the person ordering the inspection. The duplicate copy (yellow) should be retained by the electrical contractor responsible for the report.
Date ______________ Periodic Inspection Report for an Electrical Installation

REGISTERED CONTRACTOR DETAILS:
Name ____________________________
Address __________________________

Reg No. ____________________________ Installation Approx Age ______________

INSTALLATION DETAILS:
Occupant Name/Trading as ______________
Address ____________________________

Occuapant In Attendance? Yes No

PLEASE CIRCLE ANSWERS OR TICK BOXES AS APPROPRIATE

Installation Category? □ Domestic □ Commercial □ Industrial □ Other (specify) ______________

Reason for Inspection? □ Insurance inspection □ Safety Audit □ If Other (specify) ______________

Extent of Installation covered by this report? Entire Installation* □ YES □ NO (see partial inspection details below)
* N.B. Cables concealed within trunking and conduits within the fabric of the building or underground have not been inspected unless stated otherwise.

If partial inspection Specify what part the report refers to ______________

TYPE OF SYSTEM EARTHING: TNCS, TT, TNS, IT

Installation voltage Single Phase □ Three Phase □ L1 □ L2 □ L3 □ L1-L2 □ L2-L3 □ L3-L1 □

Max prospective S/C current _____ A Main Isolation** and overcurrent device type? NONE □ SWITCH FUSE □ MCB □ MCCB □

Nominal rating _______ A ** If a main RCD is used as a main isolating device the following details are required Rated current In _____ A

Tripping current Itr_______ mA
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N.B. Any Questions answered “no” must be referred to in the comment section of this report. ALL QUESTIONS MUST BE ANSWERED
PLEASE TICK BOX AS APPROPRIATE

1. Have all electrical outlets / accessories been inspected? Yes ☐ No ☐

2. Are all outlets / accessories undamaged? Yes ☐ No ☐

3. Are all live parts covered? Yes ☐ No ☐

EARTHING/BONDING DETAILS

4. If TNCS is main protective conductor connected?
   Yes ☐ No ☐ N/A ☐

5. If present is it the correct size? Yes ☐ No ☐ N/A ☐

6. Earth Electrode Inspection Chamber? Yes ☐ No ☐

7. If yes... is earth electrode visible? Yes ☐ No ☐

8. If yes... is protective tape used? Yes ☐ No ☐

9. If visible is the earthing conductor the correct size? Yes ☐ No ☐

10. Is all main equipotential bonding correct? Yes ☐ No ☐ N/A ☐

11. All supplementary bonding correct & connections verified?
    Yes ☐ No ☐ N/A ☐

12. Protective Earthing sleeved where appropriate? Yes ☐ No ☐ N/A ☐

13. Polarity+earthing of all switches/outlets correct? Yes ☐ No ☐

14. All metallic switches / outlets earthed? Yes ☐ No ☐

15. Labelled correctly? Yes ☐ No ☐

16. Located correctly? Yes ☐ No ☐

17. Sub circuit isolation & overcurrent device type?
    Fuse ☐ Mcb ☐

18. Are all devices correctly rated for S/C & O/L?
    Yes ☐ No ☐

19. Circuit sequence correct for P, N, +E? Yes ☐ No ☐

20. RCD’s

<table>
<thead>
<tr>
<th>Circuit description</th>
<th>Tripping current</th>
<th>Longest tripping time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sockets</td>
<td>30 mA</td>
<td>ms</td>
</tr>
<tr>
<td>Electric Shower</td>
<td>30 mA</td>
<td>ms</td>
</tr>
</tbody>
</table>

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GENERAL

21. Correct cable colours used at the time of installation? Yes □ No □
22. Are cables in good condition? Yes □ No □
23. Cables correctly selected? Yes □ No □
24. Correct routing of cables in attic area? Yes □ No □ N/A □
25. Cables correctly installed where visible? Yes □ No □
26. All excessive heating effects from luminaires avoided? Yes □ No □
27. Correctly selected accessories & switches? Yes □ No □
28. Are they in a good condition? Yes □ No □
29. Are they correctly located? Yes □ No □
30. Are they suitable for their environment? Yes □ No □

QUALITY OF WORKMANSHIP:

Very Good □
Satisfactory □
Poor □

SUMMARY TEST DATA

Min Insulation Resistance______________________ MΩ
Max Resistance of protective conductor___________Ω
Max fault loop impedance_________ Ω and type and size of
associated protective device
Type __________________ Size__________________

TEST INSTRUMENT SERIAL NUMBERS:

Continuity Tester____________________________
Insulation Resistance Tester__________________
Loop Impedance Tester ________________
RCD Tester______________________________

DECLARATION

I/We the undersigned are responsible for the inspection and testing of the electrical installation described on page 1 of this report.
I/We confirm to the best of my/our knowledge that tests and observations made on pages 1, 2, 3, 4, & ______ represent an accurate assessment within the limits specified, of the condition of the electrical installation.

Inspected and tested by (Signed)______________________________
(BLOCK CAPITALS)______________________________________

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OBSERVATIONS AND RECOMMENDATIONS (tick boxes as appropriate)
(Note subject to the limitations specified on Page 1 of this report)

- NO REMEDIAL WORK IS REQUIRED
- THE FOLLOWING OBSERVATIONS ARE MADE

<table>
<thead>
<tr>
<th>REF NO.</th>
<th>COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)</th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>As detailed below</td>
</tr>
</tbody>
</table>

- One of the following numbers, as appropriate, is allocated to each of the observations made above to indicate to the person(s) responsible for the installation the action recommended.

1. **REQUIRES URGENT ATTENTION**
2. **REQUIRES IMPROVEMENTS**
3. **REQUIRES SOME ATTENTION**
4. **DOES NOT COMPLY WITH CURRENT NATIONAL RULES FOR ELECTRICAL INSTALLATIONS**

*THIS DOES NOT NECESSARILY IMPLY THAT THE ELECTRICAL INSTALLATION INSPECTED IS UNSAFE.

On the basis that all observations requiring "urgent attention" have been completed without delay, I/We recommend that this electrical installation is further inspected and tested after an interval of not more than ........ months / years. (N.B. Future national requirements may modify the specified time interval in question)

Signed: ...........................................  Certifier No.: ...........................................  Date: ...........................................

(BLOCK CAPITALS)