

CERTIFICATE OF ELECTRICAL SAFETY for Non-Prescribed Electrical Installation Work

ELECTRICITY SAFETY ACT 1998, ELECTRICITY SAFETY (INSTALLATIONS) REGULATIONS 2009

CERTIFICATE OF COMPLIANCE

1 Responsible Person (eg. electrical contractor, supervising electrician, electrician)

REC reg./licence no.	1 6 2 5 9	Telephone no.	9 4 0 7 1 7 6 4
Name	X - STAFF ELECTRICAL		
Business Address	P.O. 660 BOX. GREENSBOROUGH.		

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no.	A 2 5 3 0 8
Name	T. GROSE

3 Details of Electrical Installation

Name of customer	BUXTON CONSTRUCTION		
Address of installation (include lot no. if required)	230 ROSANNA RD		
Suburb or town	ROSANNA	Postcode	3 0 8 4
Telephone	0 4 2 5 7 3 1		9 3 8
NMI (if available)			

4 Electrical Work Undertaken

No. light points	No. single	Socket outlets	No. doubles	Have you installed wiring or equipment associated with Air Conditioning?
238	13	94		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Maximum demand in amps per phase on completion	Consumers mains capacity in amps			
125.	160			DB5-ZONE

Description of work undertaken (if insufficient space, please attach list)

24 x SINGLE PHASE ISOLATORS for Bedroom ALFONDS
1 x 15 Amp OUTLET for Comms CABINET

SUB-MAINS To DB-5.

5 Has this **electrical installation work** failed a previous audit?

Yes ☐ No ☒

If yes, quote previous certificate number

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6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

☐ 1 Domestic

☒ 2 Non Domestic

☐ 3 Construction

I, the licensed electrical installation worker named above, who carried out the electrical installation work described above, certify that the electrical work has passed all the required tests and complies in all respects with the Electricity Safety Act 1998 and the Electricity Safety (Installations) Regulations 2009.

Signature
(Licensed Electrical Installation Worker)

T. Grose

7 Date of completion of work

30/09/13

8 Date Certified

01/10/13

Please note: The electrical installation work described above may be subject to audit by representatives of Energy Safe Victoria.

Certificate no.

6175 6101 7



Certificate of Electrical Safety

Electricity supplier code
(refer back of certificate for codes)

☐

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ELECTRICITY SAFETY ACT 1998, ELECTRICITY SAFETY (INSTALLATIONS) REGULATIONS 2009

CERTIFICATE OF COMPLIANCE

1 Responsible Person (eg. electrical contractor, supervising electrician, electrician)

REC reg./licence no.	1 6 2 5 9	Telephone no.	94071764
Name	X-STAFF ELECTRICAL		
Business Address	PO BOX 660 GREENSBORO VIC 3103		

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no.	A 2 5 3 0 8
Name	TONY GROSE

3 Details of Electrical Installation

Name of customer	BUXTON CONSTRUCTION			
Address of installation (include lot no. if required)	230 ROSANNA RD			
Suburb or town	ROSANNA	Postcode	3 0 8 4	
Telephone	0 4 2 5 7 3 1 9 3 8			
NMI (if available)				

4 Electrical Work Undertaken

No. light points	No. single	Socket outlets	No. doubles	Have you installed wiring or equipment associated with Air Conditioning?
207	9		74	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Maximum demand in amps per phase on completion

125	160	DB-6 ZONE
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Description of work undertaken (if insufficient space, please attach list)

18 x SINGLE PHASE ISOLATORS FOR BEDROOM AIRCONDS.
1 x 15AMP POWER OUTLET FOR COMMS CABINET.
~~1 x THREE PHASE SUB MAINS M.S.B.5 FOR MECHANICAL SERVICES. (ISOLATOR ONLY.)~~
~~HAVING 125AMP CAPACITY~~

SUB-MAINS TO DB-6

5 Has this electrical installation work failed a previous audit?

If yes, quote previous certificate number									
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Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

<input type="checkbox"/> 1 Domestic	<input checked="" type="checkbox"/> 2 Non Domestic	<input type="checkbox"/> 3 Construction
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I, the licensed electrical installation worker named above, who carried out the electrical installation work described above, certify that the electrical work has passed all the required tests and complies in all respects with the Electricity Safety Act 1998 and the Electricity Safety (Installations) Regulations 2009.

Signature (Licensed Electrical Installation Worker)	
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7 Date of completion of work	30/09/13	8 Date Certified	01/10/13
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Certificate no.

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CERTIFICATE OF COMPLIANCE

1 Responsible Person (eg. electrical contractor, supervising electrician, electrician)

REC reg./licence no. 1 6 2 5 9 Telephone no. 9 4 0 7 - 1 7 6 4
Name X STAFF ELECTRICAL
Business Address PO BOX 660 GREENSBOROUM

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no. A 2 5 3 0 8
Name TONY GROZE

3 Details of Electrical Installation

Name of customer BOXTON CONSTRUCTION
Address of installation 230 ROZANNA ROAD
(include lot no. if required) ROZANNA Postcode 3 0 8 4
Suburb or town 0 4 2 5 7 3 1 9 3 8
Telephone
NMI (if available)

4 Electrical Work Undertaken

No. light points	No. single	Socket outlets	No. doubles	Have you installed wiring or equipment associated with Air Conditioning?
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Maximum demand in amps per phase on completion Consumers mains capacity in amps 400A

Description of work undertaken (if insufficient space, please attach list)

SUB-MAINS & SUPPLY ONLY
TO MSSB-7.

5 Has this **electrical installation work** failed a previous audit?

If yes, quote previous certificate number

6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

☐ 1 Domestic ☒ 2 Non Domestic ☐ 3 Construction

I, the licensed electrical installation worker named above, who carried out the electrical installation work described above, certify that the electrical work has passed all the required tests and complies in all respects with the Electricity Safety Act 1998 and the Electricity Safety (Installations) Regulations 2009.

Signature
(Licensed Electrical Installation Worker)

7 Date of completion of work

28/09/13/

8 Date Certified

01/10/13

Certificate no.

6175 6106 2



Certificate of Electrical Safety

Electricity supplier code
(refer back of certificate for codes)

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CERTIFICATE OF COMPLIANCE

1 Responsible Person (eg. electrical contractor, supervising electrician, electrician)

REC reg./licence no.	116259	Telephone no.	9407-1764
Name	XSTAFF ELECTRICAL		
Business Address	PO BOX 660 GREENSBOROUGH VIC		

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no.	A25308
Name	TONY GROZE

3 Details of Electrical Installation

Name of customer	Boxtown Construction		
Address of installation (include lot no. if required)	230 ROSANNA ROAD		
Suburb or town	ROSANNA	Postcode	3084
Telephone	0425731938		
NMI (if available)			

4 Electrical Work Undertaken

No. light points		No. single		Socket outlets		No. doubles		Have you installed wiring or equipment associated with Air Conditioning?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum demand in amps per phase on completion								Consumers mains capacity in amps	125A

Description of work undertaken (if insufficient space, please attach list)

SUB-MAINS & SUPPLY ONLY
TO MSSB-5.

5 Has this *electrical installation work* failed a previous audit?

If yes, quote previous certificate number										Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

<input type="checkbox"/> 1 Domestic	<input checked="" type="checkbox"/> 2 Non Domestic	<input type="checkbox"/> 3 Construction
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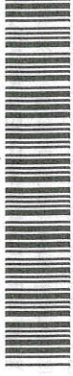
I, the licensed electrical installation worker named above, who carried out the electrical installation work described above, certify that the electrical work has passed all the required tests and complies in all respects with the Electricity Safety Act 1998 and the Electricity Safety (Installations) Regulations 2009.

Signature (Licensed Electrical Installation Worker)	
7 Date of completion of work	28/09/13
8 Date Certified	01/10/13

Please note: The electrical installation work described above may be subject to audit by representatives of Energy Safe Victoria.

Certificate no.

6175 6105 5



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CERTIFICATE OF COMPLIANCE

1 Responsible Person (eg. electrical contractor, supervising electrician, electrician)

REC reg./licence no.	16259	Telephone no.	9407-1764
Name	STAFF ELECTRICAL		
Business Address	PO BOX 660 GREENSBOROUGH		

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no.	A25308
Name	TOM GROZE

3 Details of Electrical Installation

Name of customer	Buxton Construction		
Address of installation (include lot no. if required)	230 ROSANNA ROAD		
Suburb or town	ROSANNA	Postcode	3084
Telephone	0425731938		
NMI (if available)			

4 Electrical Work Undertaken

No. light points	No. single	Socket outlets	No. doubles	Have you installed wiring or equipment associated with Air Conditioning?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
Maximum demand in amps per phase on completion	Consumers mains capacity in amps			
	125 A			

Description of work undertaken (if insufficient space, please attach list)

SUB-MAINS & SUPPLY ONLY
TO M55B-3.

5 Has this electrical installation work failed a previous audit?

If yes, quote previous certificate number

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Yes ☐ No ☒

6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

☐ 1 Domestic ☒ 2 Non Domestic ☐ 3 Construction

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Signature
(Licensed Electrical Installation Worker)

Tom Groze

7 Date of completion of work

28/09/13

8 Date Certified

01/10/13

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Certificate no.

6175 6104 8



Certificate of Electrical Safety

Electricity supplier code
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REC reg./licence no.	1 6 2 5 9	Telephone no.	9407 1764
Name	X - STAFF ELECTRICAL		
Business Address	PO BOX 660 GREENSBOROUGH.		

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no.	A 2 5 3 0 8
Name	T. GROSE

3 Details of Electrical Installation

Name of customer	Buxton Construction		
Address of installation (include lot no. if required)	230 ROSAMUNA RD.		
Suburb or town	ROSAMUNA	Postcode	3 0 8 4
Telephone	0 4 2 5 7 3 1 9 3 8		
NMI (if available)			

4 Electrical Work Undertaken

No. light points	61	No. single	8	Socket outlets	11	No. doubles		Have you installed wiring or equipment associated with Air Conditioning?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Maximum demand in amps per phase on completion	125	Consumers mains capacity in amps	160	DB2.ZONE					

Description of work undertaken (if insufficient space, please attach list)

20 Amp Supply Only To MCP-3.

Sub-MAINS To DB-2.

5 Has this *electrical installation work* failed a previous audit?

Yes ☐ No ☒

If yes, quote previous certificate number

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6 Type of property where the electrical installation work is carried out: (refer back of certificate for types)

☐ 1 Domestic

☒ 2 Non Domestic

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Signature
(Licensed Electrical Installation Worker)

T. Grose

7 Date of completion of work

30/09/13

8 Date Certified

01/10/13

Certificate no.

6175 6103 1



Certificate of Electrical Safety

Electricity supplier code
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