

Electrical Inspections Victoria Pty Ltd



Body Protected - Commissioning Inspection Check List

Address:	230 Rosanna Road Rosanna - New Medical Centre room			
Clause	Requirement	Pass	Fail	N/A
GENERAL REQUIREMENTS FOR BODY-PROTECTED AND CARDIAC-PROTECTED ELECTRICAL AREAS				
2.1	Australian Installations: Body-protected or cardiac-protected electrical areas shall not occur in the same room and all patient areas are body protected or Cardiac protected electrical areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSIFICATION OF PATIENT AREAS				
2.2.2.1	Check by inspection; verify boundaries of protected electrical areas and confirm that there are no cardiac areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.2	Verify no remote equipment with conductive or applied parts in any cardiac protected electrical area; verify boundaries of protected electrical areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2.3	Check by inspection; verify boundaries of body protected electrical areas.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW-VOLTAGE A.C. SUPPLIES				
2.4.1	Verify that body-protected or cardiac-protected electrical final sub-circuits are unique to respective rooms in body-protected electrical areas and to individual patient locations in cardiac-protected electrical areas. Verify that cleaning outlets are on a separate electrical sub-circuit to other socket-outlets in the room.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2.4.3.2(a)	Verify by inspection and testing that all socket outlets are protected by LPD: Socket-outlets in patient areas. Socket-outlets within specified distance of entrance to patient areas. Socket-outlets in another room for medical electrical equipment with conductive parts accessible within patient environment or area.	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
2.4.3.3	For permanently wired medical electrical equipment with Type B applied parts, verify if it is being used or is going to be used in area and test the LPD. For other permanently wired medical electrical equipment, obtain written statement of compliance with AS/NZS 3000 from the electrical contractor or the electrician who did the work.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
2.4.4 (a)	LPD protection not required for non standard cord extension socket. Verify by inspection and confirmation of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.4 (b)	LPD protection not required for socket outlets for specific component parts & mounted on perm installed equip. Verify by inspection and confirmation of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.4 (c)	LPD protection not required for socket outlets designed for clock connection only. Verify by inspection and confirmation of use.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.4 (d)	LPD protection not required for socket outlets mounted on ceiling or walls over 2.3 metres for perm non medical equip or for medical equip and is suitably marked. Verify by inspection, confirmation of use and marking.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.5.1(a)	UPS - Verify by inspection and testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.5.1(b)	UPS - Verify by inspection and testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.4.5.1(c)	UPS - Verify by inspection and testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.4.5.2	UPS - Verify by inspection and operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LOW-VOLTAGE D.C. SUPPLIES				
2.5	Verify by inspection and current measurement. Include and check the surgical lights battery back-up system.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ACCESS TO CONTROLS AND INDICATORS				
2.6(a)	RCD's controls indicators readily accessible within the patient area. Compliance: Verify by inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6(b)	RCD controls and indicators not mounted underbenches, in cupboards, or blocked by heavy equipment. Compliance: Verify by inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.6 (c)	RCD, if mounted near entrance, not within 500mm of light switch. Compliance by inspection & measurement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW-VOLTAGE SOCKET-OUTLETS				
2.7.1	Sufficient socket outlets provided. Compliance: Using the health facility's brief/specification/instruction, verify socket-outlet quantity and number on a circuit.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.2	Non readily accessible socket outlets, without dedicated LPD, to have a double pole isolation switch. Compliance: Verify by inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.3.1	Cleaners Purpose Only - Cleaners outlet to be located within 15 metres of any part of patient area. Compliance: Verify label and exact wording used; verify location and distance measurement.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.3.2	Cleaners purpose only outlet to have LPD protection. LPD to only protect Cleaners Purpose Outlets. Compliance: Verify by inspection and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.4.1	Marking. Compliance: Verify by inspection that labelling is consistent and identifies respective RCD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.4.2	Verify "ON" indication. Compliance by inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.4.3	Colour coding. Compliance: Verify electricity supply source to AS/NZS 3009 and associated socket-outlet colouring.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.4.4	RCD protected outlet to have "power available" indicator and marked "RCD Protected" Compliance: Verify indicator colour & operation; verify wording used.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.7.4.5	Transformer isolated supplies - Marked accordingly. Compliance: Verify by inspection and exact wording used.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7.5.1	Transformer isolated supply outlets to be double pole. Compliance: Verify by testing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.7.5.2	Standard configuration socket outlets to be used for AC supplies only. Compliance: Verify by inspection and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESIDUAL CURRENT DEVICES (RCDs)				
2.8.1	Compliance: RCDs Verify Type I RCDs in use. Verify RCD sensitivity using tests in this Standard (and record results). Verify RCD maximum tripping time using tests in this Standard (and record results).	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
2.8.2	An RCD shall not be installed upstream of an RCD LPD. Compliance: Verify by inspections and testing of upstream protection and discrimination.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.3	RCD LPD to operate in all live conductors. Compliance: Verify by testing that all RCDs double poled.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.4(a)	Max 12 points / RCD. Compliance: Verify by inspection and testing (and record results).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.4(b)	RCD doesn't protect equipment in any other room. Compliance: Verify by inspection and testing (and record results).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.8.4(c)	RCD doesn't protect socket outlets in patient area as well as outside patient area. Compliance: Verify by inspection and testing (and record results).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.5	Power Available indicator on socket outlets. Compliance: Verify indicator colour and operation.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.6	RCD to be marked with DB and CB as well as RCD #. Compliance: Verify by inspection that labelling is consistent and identifies respective circuit and RCD.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.8.7	RCD test point for perm connected equipment. Compliance: Verify by inspection and testing.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LOW-VOLTAGE ISOLATED SUPPLIES				
2.9.1	Compliance: Verify by inspection and testing. Obtain written statement of compliance with AS/NZS 4510 from the electrical contractor or the electrician who did the work.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.2	Compliance: Verify ventilation and line of sight operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.3	Compliance: Verify by inspection and testing using tests in this Standard (and record results).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.4	Compliance: LIMs Verify LIM prospective hazard current display and current alarm using tests in this Standard (and record results). Verify by inspection that labelling is consistent and identifies circuit and LIM.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
2.9.5	Compliance: Verify size of MCB by inspection in conjunction with isolating transformer specifications. Confirm MCB rating is less than or equal to the primary current rating of transformer and is not less than the set point of the overload alarm.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.6	Compliance: Verify each transformer-isolated supply is below the prospective hazard current of the supply using tests in this Standard (and record results).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.7(a)	Compliance: Verify by inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.7(b)	Compliance: Verify by inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.9.8	Compliance: Verify by inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ISOLATION SWITCHES				
2.10	For perm equip on a shared circuit fit isolator. Compliance: Verify by inspection for accessibility and testing that isolation switch is double-poled; verify correct labelling.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
EXTRA LOW VOLTAGE SUPPLIES				
2.11.1	Compliance: Verify by inspection and measurement (where required).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.11.2	Compliance: Verify patient area signage installed in correct location and appropriate labels attached and signed.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MARKING				
2.12.1	Marking to be durable, visible, legible, indelible. Laminated type if thin film label used. Compliance by inspection.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.12.2	Body Protected sign mounted at 2 metres to the top of the sign. Compliance by inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TESTING AND COMMISSIONING OF ELECTRICAL WORK				
2.13	All new work, adds, alts & repairs shall meet AS 3000, testing operation of RCD's, marking & identification of LPD's & correct equipotential earthing. Compliance: CES received & testing completed.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFICATION				
2.14	Certification tests undertaken by a licensed inspector, qualified medical physicist, qualified biomedical engineer or person(s) acceptable to the health care facility.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ADDITIONAL REQUIREMENTS FOR BODY-PROTECTED ELECTRICAL AREAS				
EARTHING				

3.2	Compliance: Sight written statement of compliance with AS/NZS 3000 from the electrical contractor or the electrician who did the work.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPECIAL PATIENT AREAS				
HOME CARE INSTALLATION				
5.2.1	Compliance: Verify by inspection and testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2.2.1	Compliance: Confirm equipment classification.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2.2.2	Compliance: Verify by inspection and testing.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
INSTALLATION FOR SELF-HARM PATIENTS				
5.3.1	Compliance: Exception noted for areas specified.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.3.2	Compliance: Verify by inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ALTERATIONS, ADDITIONS AND REPAIRS TO ELECTRICAL INSTALLATIONS IN PATIENT AREAS				
ALTERATIONS AND ADDITIONS				
6.2.2	Area's not signposted as body protected area to be upgraded prior to alts and/ or adds. Compliance: Verify if not existing BPA, then full compliance with this Standard required.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2.3	Area that doesn't have a current in-date sticker to be retested prior to any adds or alts begin. Compliance: Verify inspection within last 12 months.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2.4	Additional socket outlets being installed. If the total number is increased by 10% or more, all outlets to meet the colour requirements (2.7.4.3) Compliance: Verify % increase in socket-outlets.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
REPAIRS				
6.3	Repairs to accessories as part of an existing installation or replacement of such accessories with like for like components may be done to the original applicable standard. Replacement of a complete component requires compliance with current standard. Compliance: Verify by inspection.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MAGNETIC FIELDS				
7.2	Requirements. Compliance: Test in nominated areas.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7.3	Testing. Compliance: Verify readings below levels nominated in Standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
MARKING OF PATIENT AREAS				
8.1, 8.2, 8.3	Compliance: Verify that sign is correct size, affixed in correct location, correctly completed, dated and signed and the tester clearly identified.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Date of inspection: 25/06/2014

Name of organization: **ELECTRICAL INSPECTIONS VICTORIA**

Name of person undertaking tests: Andrew Brand