CERTIFICATE OF ELECTRICAL SAFETY for Prescribed Electrical Installation Work

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

Certificate no.

4020 4205 9

CERTIFICATE OF COMPLIANCE

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

REC reg./licence no. 16259 Telephone no. 9407-1764

Name XSTAFF ELECTRICAL

Business Address P.O BOX 660 GREENSBOROUGH 3088

2 Licensed Electrical Installation Worker (eg. electrician)

Licence no. A253088

Name TONY GROSE

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 0425 731 938

NMI (if available)

4 Electrical Work Undertaken

No. light points	Socket outlets: No. single	Socket outlets: No. doubles
—	—	4

Have you installed wiring or equipment associated with Air Conditioning? Yes ☐ No ☑

Maximum demand in amps per phase on completion: N/A

Consumers mains capacity in amps: N/A

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

BODY PROTECT ROOM - MEDICAL CENTRE ROOM

5 Has this ***prescribed electrical installation work failed*** a previous inspection? Yes ☐ No ☑

If yes, quote previous certificate number

6 Type of prescribed electrical installation work (refer back of certificate for types) 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☑ 9 ☐ 10 ☐

7 Does this installation work include ***non-prescribed electrical installation work?*** Yes ☐ No ☑

8 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)

9 Date of completion of work 25/6/14 10 Date Certified 25/6/14

CERTIFICATE OF INSPECTION

Details of Licensed Electrical Inspector (LEI)

Name ABRAND

Licence no. 9180124

Inspector's Employer

Name (If Applicable) EC√

Details of Defects

Please supply defect code(s)

I, the Licensed Electrical Inspector named above, have inspected the prescribed electrical installation work as described in the certificate of compliance and certify that the work

complies ☑ ***does not comply*** ☐

with the Electricity Safety Act 1998 and the Electricity Safety (Installations) Regulations 2009

Signature

Date inspected 25/6/14

Date certified 25/6/14

Electricity supplier code (refer back of certificate for codes) 4

Safety Statement

In accordance with Regulation 242 (d) this electrical installation appears to be electrically unsafe

☐ ***unsafe***

energysafe VICTORIA

State Government Victoria

Creating a safer state with electricity and gas

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

PRESCRIBED
Energy Safe Victoria copy