



-8 DEC 2021

This report is not valid if the serial number has been defaced or altered

24237532

DPN18C

DOMESTIC ELECTRICAL INSTALLATION CONDITION REPORT Small installations up to 100 A single phase supply

		issued in accordance with 53 /071. 2010 — negunements for Electrical instantations
PART 1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION		
DETAILS OF THE CONTRACTOR Registration No: 010706000 Branch No: 000 Trading Title: Top Floor C Store, Halcyon House, West Hill, St. Helier, Jersey Postcode: JE2 3HB Tel No: 01534723503	DETAILS OF THE CLIENT Contractor Reference Number (CRN):	DETAILS OF THE INSTALLATION Occupier: Address: Flat 89, La Tour Violette Le Coie, Springfield Road, St. Saviour, JERSEY Postcode: JE2 7DN Tel No: N/A
	rostcode. Iel No.	1 FOSICOUE
PART 2: PURPOSE OF THE REPORT		
Purpose for which this report is required: Clients request and to meet the Jersey landlords legislation		
Date(s) when inspection and testing was carried out: (26/10/2021 - 27/10/2021) Records available: (
PART 3 : SUMMARY OF THE CONDITION OF THE INSTALLATION		
General condition of the installation (in terms of electrical safety): The general condition of the installation is good. The installation is wired in pvc pvc with RCBOs at the fuse board. The installation is fit for purpose		
Estimated age of electrical installation: () years Evidence of	additions or alterations: (\dots Overall assessment of the instance of the ins	tallation is: Satisfactory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
PART 4: DECLARATION		
INSPECTION AND TESTING		
I, being the person responsible for the inspection and testing of the electrical installation, particulars of which are described in PART 7, having exercised reasonable skill and care when carrying out the inspection and testing of the existing installation, hereby CERTIFY that the information in this report, including the observations (page 2) and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations on the inspection and testing.		
Name (capitals):	Signature: Signature:	Date: 27/10/2021
REVIEWED BY QUALIFIED SUPERVISOR	_ //_	Date: 27/10/2021

*An unsatisfactory assessment indicates that dangerous (CODE C1) and/or potentially dangerous (CODE C2) conditions have been identified in PART 6, or that Further Investigation (CODE FI) without delay is required.

