



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

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

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PART 1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION		
DETAILS OF THE CONTRACTOR  010706000  Registration No:  Trading Title: Smail & Richards Electrical Contractors Ltd  Address: Top Floor C Store, Halcyon House, West Hill,  St. Helier, Jersey	DETAILS OF THE CLIENT  Contractor Reference Number (CRN):  Name: Brunel Management Limited  Address: Brunel Chambers, Devonshire Place, St.  Helier, JERSEY	DETAILS OF THE INSTALLATION  N/A  Occupier:  Address: Flat 12, La Folie Estate, Le Mont Felard, St.  Lawrence, JERSEY
Postcode: JE2 3HB Tel No: 01534723503	Postcode: JE2 3RD Tel No: 750200	Postcode: JE3 1NZ Tel No: N/A
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: (25/09/2020 - 28/09/2020) Records available: (		
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 o	f additions or alterations: (	allation is: Satisfactory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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): JAMES NORTON	Signature:	Date: 28/09/2020
REVIEWED BY QUALIFIED SUPERVISOR		
Name (capitals): JAMES NORTON	Signature:	Date: 28/09/2020

\*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 F1) without delay is required.