



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

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IPN18C

ELECTRICAL INSTALLATION CONDITION REPORT

Issued in accordance with BS 7671: 2018 - Requirements for Electrical Installations

PART 1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION		
DETAILS OF THE CONTRACTOR Registration No: 010706000 Branch No: 000 Trading Title: Smail & Richards Electrical Contractors Ltd Address: Top Floor C Store, Halcyon House, West Hill, St. Helier, Jersey Postcode: JE2 3HB Tel No: 01534 723503	DETAILS OF THE CLIENT Contractor Reference Number (CRN): j157166 Name. Brunel Management Limited Address: Brunel Chambers, Devonshire Place, St. Helier, JERSEY Postcode: JE2 3RD Tel No: 01534750200	DETAILS OF THE INSTALLATION Occupier: N/A Address: 1 Warren Court, La Folie Estate, Parkinson Drive, La Route de St. Aubin, St. Lawrence, JERSEY Postcode: JE3 1JX Tel No: N/A
PART 2: PURPOSE OF THE REPORT		
Purpose for which this report is required: change tenancy		
Date(s) when inspection and testing was carried out: 03/02/2020 Previous inspection report available: (Previous report date: (N/A Previous r		
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 satisfactory		
Estimated age of electrical installation: (16		
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): JAMES NORTON Signature:		
REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR		
Name (capitals):	Signature:	. Date:

^{*}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.