Original (to the person ordering the work)



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

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		issued in accordance with b5 7071. 2010 - negatienents for Electrical histanations
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	DETAILS OF THE CLIENT Contractor Reference Number (CRN): J155105 Name: Brunel Management Limited Address: Brunel Chambers, Devonshire Place, St. Helier, JERSEY	DETAILS OF THE INSTALLATION Occupier: N/A Address: 1 Parkside, Lewis Street, St. Helier, JERSEY
Postcode: JE2 3HB Tel No: 01534 723503	Postcode: JE2 3RD Tel No: 01534750200	Postcode: JE2 3PB Tel No: N/A
PART 2: PURPOSE OF THE REPORT		
Purpose for which this report is required: Change of Tenancy		
17/07/2010 24/07/2010 Y		
Date(s) when inspection and testing was carried out: (1.7/07/2019 - 24/07/2019) 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 satisfactory		
N/A		O of formal days of
Estimated age of electrical installation: (N/A) years Evidence of	additions or alterations: () Overall assessment of the inst	allation is: Satisfactory XIXXXIXXIXXIXXIXXIXXIXXIXXIXXIXXIXXIXXI
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: Signature:	Date: 24/07/2019
Name (capitals): JAMES NORTON Signature: REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR Name (capitals): JAMES NORTON Signature: Date: 24/07/2019 Date: 24/07/2019		
Ivame (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 FI) without delay is required.

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