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20407343

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	DETAILS OF THE CLIENT Contractor Reference Number (CRN): J154757VP05 Name: Brunel Management Limited Address: Brunel Chambers, Devonshire Place, St. Helier, JERSEY		DETAILS OF THE INSTALLATION Occupier: Brunel Management Address: Flat 5, Victoria Place, La Route Du Port Elizabeth, St. Helier, JERSEY
Postcode: JE2 3HB Tel No: 01534 723503	Postcode: JE2 3RD	Tel No: 01534750200	Postcode: JE2 4ER Tel No: N/A
PART 2 : PURPOSE OF THE REPORT			
Purpose for which this report is required: Clients request			
N/A			
Date(s) when inspection and testing was carried out: 05/07/2019 - 12/07/2019) 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			
Estimated age of electrical installation: (1.6) years Evidence of	additions or alterations: () Overall assessment of the insta	allation is: Satisfactory XIXXXXIXXXIXXXIXXXXXXXXXXXXXXXXXXXXXX
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): Date: 15/07/2019			
REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR			
Name (capitals):	Sig	inature:.	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.