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20498642

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): J154757VP08
Name: Brunel Management Limited
Address: Brunel Chambers, Devonshire Place, St. Helier, JERSEY
Postcode: JE2 3RD Tel No: 01534750200

DETAILS OF THE INSTALLATION

Occupier: Brunel Management
Address: Flat 8, Victoria Place, La Route Du Port Elizabeth, St. Helier, JERSEY
Postcode: JE2 4ER Tel No: N/A

PART 2 : PURPOSE OF THE REPORT

Purpose for which this report is required: Clients request
Date(s) when inspection and testing was carried out: 05/07/2019 Records available: (X) Previous inspection report available: (X) Previous report date: (N/A)

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) years Evidence of additions or alterations: (X) Overall assessment of the installation is: Satisfactory ~~Unsatisfactory~~ (delete as appropriate)

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: 05/07/2019

REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR

Name (capitals): JAMES NORTON Signature: [Signature] Date: 05/07/2019

*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.

Original (to the person ordering the work)