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PART 1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION		
DETAILS OF THE CONTRACTOR  Registration No: 010706000 Branch No: 000	DETAILS OF THE CLIENT Contractor Reference Number (CRN): J154757VP09	DETAILS OF THE INSTALLATION Occupier: Brunel Management
Trading Title: Smail & Richards Electrical Contractors Ltd	Name:Brunel Management Limited	Address: Flat 9, Victoria Place, La Route Du Port
Address: Top Floor C Store, Halcyon House, West Hill, St. Helier, Jersey	Address: Brunel Chambers, Devonshire Place, St. Helier, JERSEY	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		
Date(s) when inspection and testing was carried out: (04/07/2019 - 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: () Overall assessment of the inst	allation is: <b>Satisfactory XIXXXXXIXXXXXXXXXXXXXXXXX</b> (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:	Date:
REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR		
Name (capitals):	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 F1) without delay is required.