



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

20435549

IPN18C

		issued in accordance with 55 7071; 2016 — Nequirements 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	DETAILS OF THE CLIENT Contractor Reference Number (CRN): J154757VP22 Name: Brunel Management Limited	DETAILS OF THE INSTALLATION Occupier: Brunel Management Address: Flat 22, Victoria Place, La Route Du Port Elizabeth, St. Helier, JERSEY
Address: Top Floor C Store, Halcyon House, West Hill, St. Helier, Jersey	Address: Brunel Chambers, Devonshire Place, 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: (06/09/2019) Records available: (/ailable: (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	rallation is: Satisfactory/XXXXXXXXXXXXXXXX (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: 12/09/2019
REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR		
Name (capitals):	Signature:	Date: 12/09/2019

*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.

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