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

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IPN18C

ELECTRICAL INSTALLATION CONDITION REPORT

Issued in accordance with BS 7671: 2018 – Requirements for Electrical Installations

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| 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): J154757VP35 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 35, 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: (02/10/2019) 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: (16) years Evidence of | additions or alterations: (| nt of the installation is: Satisfactory XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX |
| 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: 04/10/2019 REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR | | |
| Name (capitals): | Signature: | . Date: 04/10/2019 |

*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.