

|   |   |   |   |                     |   |                    |    |
|---|---|---|---|---------------------|---|--------------------|----|
| Inspector's Name:   |   | Order No:                                       |   | Date of Inspection: | / /   |                    |    |
| Name of REC:  |   |   |   | Reg. No.:           | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                    |    |
| Audit Only <input type="checkbox"/>   | Audit and Inspection <input type="checkbox"/> | Re-Inspection Required <input type="checkbox"/> |   |                     |   |                    |    |
| <b>Total Evaluation Summary (Audit / Inspection)</b>  |   |   |   |                     |   |                    |    |
| Major non-conformance   | Serious non-conformance                       | Non-conformance                                 |   |                     |   |                    |    |
| Office Visited:   | Yes <input type="checkbox"/>                  | No <input type="checkbox"/>                     | Comment:                                    |                     |   |                    |    |
| <b>Test Equipment</b>   |   |   |   |                     | Yes   | No                 |    |
| Test equipment available for inspection (Sub-Clause C 1.2.19.)  |   |   |   |                     | Yes   | No                 |    |
| Test equipment calibrated (Sub-Clause C.1.2.20.) and calibration records available (Sub-Clause C.1.2.21.)   |   |   |   |                     | Yes   | No                 |    |
| <b>Type</b>   | <b>Qty</b>                                    | <b>Make of Equipment Presented</b>              | <b>Serial Number of Equipment Presented</b> |                     |   |                    |    |
| Insulation/Cont. Tester   |   |   |   |                     |   |                    |    |
| Loop Impedance Tester   |   |   |   |                     |   |                    |    |
| RCD Tester  |   |   |   |                     |   |                    |    |
| Multi-Tester (3x1)  |   |   |   |                     |   |                    |    |
| <b>Reference Documents</b>  |   |   |   |                     | Yes   | No                 |    |
| Current ET101 Wiring Rules available for inspection (Sub-Clauses C. 1.2.22 & 1.2.23.)   |   |   |   |                     | Yes   | No                 |    |
| <b>Controlled Works Certification</b> On-Line <input type="checkbox"/> Manual <input type="checkbox"/>  |   |   |   |                     | Yes   | No / Not Available |    |
| <i>(Clauses C. 4.3; 4.4 &amp; 4.5. &amp; Common Procedure No. 1)</i>  |   |   |   |                     |   |                    |    |
| <b>Comments</b>   |   |   |   |                     |   |                    |    |
| Correct certificates issued and returned for all controlled works   |   |   |   |                     | Yes   | No                 |    |
| Test record sheets available for inspection and completed:  |   |   |   |                     | Yes   | No                 |    |
| Audit Non conformance notice issued:      Yes <input type="checkbox"/> No <input type="checkbox"/> To be returned to RECI within 30 working day's |   |   |   |                     |   |                    |    |
| Inspection Non conformance notice issued:      Yes <input type="checkbox"/> No <input type="checkbox"/> Works to be rectified by:      /      /   |   |   |   |                     |   |                    |    |
| Emergency Works and/or Hazard Works Notice Issued:      Yes <input type="checkbox"/> No <input type="checkbox"/> Reason:                          |   |   |   |                     |   |                    |    |
| <b>Persons Carrying Out Electrical Work</b>   |   |   |   |                     | <b>Responsibilities Fulfilled:</b>  | Yes                | No |
| Principle Duty Holder: (Sub-Clause C.1.2.5.)  |   |   |   |                     | Yes   | No                 |    |
| Qualified Certifier/s: (Sub-Clauses C.1.2.7.:1.2.8; 1.2.10 & 1.2.11.)   |   |   |   |                     | Yes   | No                 |    |
| QC Number/s:  |   |   |   |                     |   |                    |    |
| Person(s) in attendance at inspection / audit:  |   |   |   |                     |   |                    |    |
| Comments:   |   |   |   |                     |   |                    |    |
|   |   |   |   |                     |   |                    |    |
|   |   |   |   |                     |   |                    |    |

*This report is confidential and personal to RECI and to the contractor involved and may not be used by any third party other than the Commission for Energy Regulation. No liability can be attached to RECI arising from the contents of this report.*

*This Audit has been carried out in accordance with CER Criteria. This report does not confirm that readings found on certificates and test record sheets are correct. It confirms that they have been filled in line with the requirements of ET101 wiring rules*

Signature of Inspector: \_\_\_\_\_

Signature of REC / Representative: \_\_\_\_\_