Safety Supervisory Body - Audit Non Conformance Notice

Form R07A Rev: 7h

Inspector's Name:		Order No:		Date of Inspection:	/ /
Name of REC:				Reg. No.:	

Audit Only ☐ Audit and Inspection ☐ Re-Inspection Required ☐

Total Evaluation Summary (Audit / Inspection)

	Major non-conformance		Serious non-conformance		Non-conformance

Office Visited: Yes ☐ No ☐ Comment:

Test Equipment	Yes	No
Test equipment available for inspection (Sub-Clause C 1.2.19.)		
Test equipment calibrated (Sub-Clause C.1.2.20.) and calibration records available (Sub-Clause C.1.2.21.)		

Type	Qty	Make of Equipment Presented	Serial Number of Equipment Presented
Insulation/Cont. Tester			
Loop Impedance Tester			
RCD Tester			
Multi-Tester (3x1)			

Reference Documents	Yes	No
Current ET101 Wiring Rules available for inspection (Sub-Clauses C. 1.2.22 & 1.2.23.)		

Controlled Works Certification *(Clauses C. 4.3; 4.4 & 4.5. & Common Procedure No. 1)* On-Line ☐ Manual ☐	**Comments**	Yes	No / Not Available
Correct certificates issued and returned for all controlled works			
Test record sheets available for inspection and completed:			

Audit Non conformance notice issued: Yes ☐ No ☐ To be returned to RECI within 30 working day's

Inspection Non conformance notice issued: Yes ☐ No ☐ Works to be rectified by: / /

Emergency Works and/or Hazard Works Notice Issued: Yes ☐ No ☐ Reason:

Persons Carrying Out Electrical Work **Responsibilities Fulfilled:**	Yes	No
Principle Duty Holder: (Sub-Clause C.1.2.5.)		
Qualified Certifier/s: (Sub-Clauses C.1.2.7.:1.2.8; 1.2.10 & 1.2.11.)		

QC Number/s:

Person(s) in attendance at inspection / audit:

Comments:

TO BE RETURNED TO RECI WITHIN 30 WORKING DAY'S

Non Conformance Notice

I confirm that all issues found in the Audit have been rectified.

Name:_____ **Signed:** _____ **Date:** _____

Fax/Email or Post this form to RECI at: Unit 9, KCR Industrial Estate, Kimmage, Dublin 12 Fax No: 01 492 9983 Email: info@reci.ie

Signature of Inspector: _____ Signature of REC / Representative: _____

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