

Client Details:		Site Details:	
Contact:		Contact:	

Initial Overview					
Type of premise:	<i>Domestic</i>		<i>Commercial</i>		<i>Industrial</i>
Records of installation available:	<i>Yes / No</i>	Date of original installation:			
Records of previous testing:	<i>Yes / No</i>	Date of previous inspection:			
Access to all DB's available?	<i>Yes / No</i>	No. of Incoming Supplies:			
Access to all socket outlets/light fittings/isolators?	<i>Yes / No</i>	Alternative Power Source (generator, solar, ups, other):			
Any high level access needed?	<i>Yes / No</i>				
Test entire installation this visit (E.g. School testing in holiday times ect.)?					<i>Yes / No</i>
% of Installation to Test (if required above):	<i>20%</i>	<i>25%</i>	<i>50%</i>	<i>75%</i>	<i>100%</i>
Frequency specified (term holidays/yearly):					
Reason for the report?	<i>Client Request / Insurance / Out of Date</i>				
	<i>Other:</i>				

Circuit Count					
DB No. (if any):	Circuit Count	DB No. (if any):	Circuit Count	DB No. (if any):	Circuit Count
No. Continuation Sheets:			Overall Total Circuit Count:		

Testing Limitations (Eg. Anything that cannot or will not be tested, area's that cannot be shut down, server equipment that cannot be shut down, access to high level light fittings):

Notes:

Circuit Count Continued

DB No. (if any):	Circuit Count	DB No. (if any):	Circuit Count	DB No. (if any):	Circuit Count
Total Circuit Count (this page only):					

Testing Limitations continued:

Notes continued: