

CITY OF BAYSWATER: FORM 5 CERTIFICATE OF ELECTRICAL COMPLIANCE



In accordance with the Health Act 1911 and Health (Public Buildings) Regulations 1992

CERTIFICATE OF ELECTRICAL COMPLIANCE

I hereby certify that the electric light and/or power – installation, alteration, addition- at the undermentioned premises has been carried out in accordance with Part 4 of the *Health (Public Buildings) Regulations 1992*.

| | |
|--|--|
| Signature of Licensed Electrical Contractor: | |
|--|--|

| | |
|-------|--|
| Date: | |
|-------|--|

PREMISES DETAILS:

| | |
|-------------------------------|--|
| Name and Initial of Occupier: | |
|-------------------------------|--|

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|----------------------|--|
| Details of Building: | |
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|-------------------|--|
| Name of Building: | |
|-------------------|--|

| | |
|------------------|--|
| Location Number: | |
|------------------|--|

| | |
|---------|--|
| Street: | |
|---------|--|

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|--------------|--|
| Town/Suburb: | |
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| Particulars of installation: |
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| Is there any electrical work for which you are not responsible in these premises? | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>(please tick)</i> |
|---|--|

| |
|---|
| Construction/extension/alteration of which was completed on _____ <i>(date)</i> , in accordance with your approval given on _____ <i>(date)</i> . |
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| | |
|---------|--|
| Signed: | |
|---------|--|

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| Owner: | |
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|----------|--|
| Address: | |
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CONTRACTOR'S DETAILS

| | |
|----------------|--|
| Business Name: | |
|----------------|--|

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|----------------------|--|
| Registration Number: | |
|----------------------|--|

| | |
|----------|--|
| Address: | |
|----------|--|

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|------------|--|------------|--|------------|--|
| Phone (W): | | Phone (H): | | Phone (M): | |
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