

# Testing Form for electrician

**This Testing Form can only be performed by a licenced electrician**



## Test and check at switchboard:

### Items: Test/check Results Pass or Fail

	1st test	Final test
1. Life & Fire Protection (Circuit Breaker, RCD, Arc Fault) on all circuits _____		
1. Life & Fire Protection Devices working correctly _____		
If multi circuit protection		
a. correct number of circuits per device _____		
b. Correct rated value of RCD for circuits attached _____		
1. Test sheet provided for customer _____		
2. Main switch circuit breaker installed _____		
3. Correct size circuit breaker main switch _____		
4. Switchboard earthed _____		
5. MEN installed correctly (if required) _____		
6. Any signs of recalled cable _____		
7. Any signs of expired cable _____		
8. Earth stake located _____		
9. Earth stake correct location _____		
10. Switchboard correct location _____		
11. Switchboard clearances correct _____		
12. Switchboard height correct _____		
13. Metering correct _____		
14. Main connection point correct _____		
15. Voltages on metal housing of switchboard or metering board _____		

# Testing Form for electrician

**Test and check in and around property:**

**Items: Test/ check Results Pass or Fail**

	1st test	Final test
19. Voltages on taps or any metal fittings _____		
20. Cracked/wobbly/stiff/correct location switches _____		
21. Cracked/wobbly/stiff/correct location power points _____		
22. Single or double insulated building wire cable at arm's reach _____		
23. Deteriorated or broken light fittings _____		
24. Deteriorated/broken/incorrectly installed conduit _____		
25. Deteriorated of incorrectly installed corrugated conduit _____		
26. Correct wiring on all power points _____		
27. Power points tripping safety switch in milliseconds - Note highest value _____ms _____		
28. Test appliances and machinery _____		
29. Test extension leads _____		
30. Test power boards _____		
32. Earthing on all metal fittings _____		
33. Solar isolators/wiring/panels/inverter/batteries _____		
33. Electric car charging station _____		

Quote provided to rectify any failed areas Y/N    Date provided: \_\_\_/\_\_\_/\_\_\_

Failed areas rectified Y/N    Date rectified: \_\_\_/\_\_\_/\_\_\_

Periodic testing schedule approved Y/N    Date of next test date: \_\_\_/\_\_\_/\_\_\_

I, certify that I am a licenced electrician and have performed all the test and checks.

Electrician name \_\_\_\_\_ Licence: \_\_\_\_\_

Licence shown to customer/client Y/N    Date completed testing and rectification works \_\_\_/\_\_\_/\_\_\_