



SERVICING IPSWICH TO BRISBANE

clemselectrical.com

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HOME ELECTRICAL INSPECTION

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 & Surge Protection) 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		

HOME ELECTRICAL INSPECTION

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 or 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	_____	_____
34. Recalled item checks	_____	_____

Electrical Danger Safety Inspection PASS / FAIL

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 ____/____/____