## **Testing Form for electrician**

This form is for licenced electricians to correctly check for signs of electrical danger to protect commercial tenants and landlord obligations under the Queensland Electrical Safety Act 2002

Get a copy
Electrician Test Form

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Items: Test/check Results Pass or Fail

•	1st test	Final test
1. RCD's on all circuits		
2. RCD's working correctly		
If multi circuit RCD		
a.correct number of circuits per RCD		
b.Correct rated value of RCD for circuits attached		
3. RCD testing customer test sheet provided		
4. Main switch circuit breaker installed		
5. Correct size circuit breaker main switch		
6. Switchboard earthed		
7. MEN installed correctly (if required)		
8. Any signs of recalled cable		
9. Any signs of expired cable		
10. Earth stake located		
11. Earth stake correct location		
12. Switchboard correct location		
13. Switchboard clearances correct		
14. Switchboard height correct		
15. Metering correct		
16. Main connection point is correct		
17. Voltages on metal housing of switchboard		
or metering board with independent earth		<b> </b>
18. Test cables for signs of deterioration		<u> </u>

## **Testing Form for electrician**

## Test and check in and around property: Items: Test/ check Results Pass or Fail

	1st test	<b>Final test</b>	
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	t		
25. Deteriorated of incorrectly installed			
corrugated conduit			
26. Correct wiring on all power points			
27. Power points tripping safety switch in			
milliseconds - Note highest valuems			
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			
34. Check government databases for recalled items _			
Quote provided to rectify any failed areas Y/N D	ate provid	ed://	
Failed areas rectified Y/N Date rectified:/_/_			
Periodic testing schedule approved Y/N Date of ne	ext test dat	e: / /	
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I, certify that I am a licenced electrician and have perfo	rmed all the	test and checks.	
Electrician name	Lic	cence:	_
Licence shown to customer/client Y/N Date completed testing			