

ADDRESS OF PREMISES: [REDACTED]

INSPECTION & TEST SCHEDULE

SYSTEM: TN-C-S* (PME)
TN-S* (CABLE SHEATH/ARMOUR)
TT* (LOCAL ELECTRODE)

ROBIN

PHASE(S): ONE/TWO/THREE*

SUPPLY VOLTAGE: V_{ac}

No. [REDACTED]

CIRCUIT NUMBER ↓ ALTERNATIVE REFERENCE	VERIFIER'S NAME AND ADDRESS	TYPE OF INSTALLED EQUIPMENT				SCHEDULE OF INSPECTIONS	
		[REDACTED] R0 Signature: [REDACTED] Date: 20-10-12					Methods of protection against electric shock (a) Protection against both direct and indirect contact: <input checked="" type="checkbox"/> (i) SELV <input checked="" type="checkbox"/> (ii) Limitation of discharge of energy (b) Protection against direct contact: <input checked="" type="checkbox"/> (i) Insulation of live parts <input checked="" type="checkbox"/> (ii) Barriers or enclosures <input checked="" type="checkbox"/> (iii) Obstacles <input checked="" type="checkbox"/> (iv) Placing out of reach <input checked="" type="checkbox"/> (v) PELV <input checked="" type="checkbox"/> (vi) Presence of residual current device(s) for supplementary protection (c) Protection against indirect contact: (i) EEBAD including: <input checked="" type="checkbox"/> Presence of earthing conductor <input checked="" type="checkbox"/> Presence of circuit protective conductors <input checked="" type="checkbox"/> Presence of main equipotential bonding conductors <input checked="" type="checkbox"/> Presence of supplementary equipotential bonding conductors <input checked="" type="checkbox"/> Presence of earthing arrangements for combined protective and functional purposes <input checked="" type="checkbox"/> Presence of adequate arrangements for alternative source(s), where applicable <input checked="" type="checkbox"/> Presence of residual current device(s) <input checked="" type="checkbox"/> (ii) Use of Class 2 equipment or equivalent insulation <input checked="" type="checkbox"/> (iii) Non-conducting location - no protective conductors present <input checked="" type="checkbox"/> (iv) Earth-free equipotential bonding - earth-free equipotential bonding conductors present <input checked="" type="checkbox"/> (v) Electrical separation
CIRCUIT IDENTITY							
1	SOCKETS	1					
2	SOCKETS	2					
3	COOKER	3					
4	LIGHTS	4					
5	LIGHTS	5					
6	HEATING	6					
7	SOCKETS	7					
8	W/HEATING	8					
9							
10							
11							
12							

DEPARTURES FROM REGULATIONS & COMMENTS:
 INSTALLED TO BS 7671
 INCOMING MAINS BY OTHERS

DISTRIBUTION BOARD LOCATION:
DISTRIBUTION BOARD SUPPLIED FROM:

CIRCUITS/ITEMS NOT TESTED:

ITEMS VULNERABLE TO TESTING:

TEST RESULTS AND COMMENTS OVERLEAF
 *Delete as appropriate

✓ to indicate an inspection has been carried out and the result was satisfactory
 X to indicate an inspection has been carried out and the result was unsatisfactory
 N/A to indicate the inspection is not applicable
 NV to indicate if not verified