

Date October 2020 Periodic Inspection Report for an Electrical Installation

PR No: \_\_\_\_\_

REGISTERED CONTRACTOR DETAILS:

Name EVAN HENRY  
Address Ardee Rd  
Dundalk Co Louth.



INSTALLATION DETAILS:

Occupant Name/Trading as ST Marys Home  
Address Dublin Road  
Dreghda Co Louth.

Reg No. \_\_\_\_\_

Installation Approx Age \_\_\_\_\_

Occupant In Attendance? Yes ☒ No

PLEASE CIRCLE ANSWERS OR TICK BOXES AS APPROPRIATE

Installation Category? Domestic ☐ Commercial ☒ Industrial ☐ Other (specify) \_\_\_\_\_

Reason for Inspection? Insurance Inspection ☐ Safety Audit ☒ If Other (specify) \_\_\_\_\_

Extent of Installation covered by this report? Entire Installation \* ☐ YES ☐ NO (see partial inspection details below)

\* N.B. Cables concealed within trunking and conduits within the fabric of the building or underground have not been inspected unless stated otherwise.

If partial inspection Specify what part the report refers to \_\_\_\_\_

TYPE OF SYSTEM EARTHING: TNCS, TT, TNS, IT

Installation voltage Single Phase ☐ Three Phase ☐ L 1. 230 V L 2. 233 V L 3. 238 V L 1-L2 402 V L2-L3 408 V L 3-L1 406 V

Max prospective S/C current 1k A Main Isolation \*\* and overcurrent device type? NONE ☐ SWITCH FUSE ☒ MCB ☐ MCCB ☐

Nominal rating 1k A \*\* If a main RCD is used as a main isolating device the following details are required Rated current In \_\_\_\_\_ A

Tripping current In \_\_\_\_\_ mA



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**N.B. Any Questions answered "no" must be referred to in the comment section of this report. ALL QUESTIONS MUST BE ANSWERED**

PLEASE TICK BOX AS APPROPRIATE

- Have all electrical outlets / accessories been inspected? Yes ☐ No ☒
- Are all outlets / accessories undamaged? Yes ☐ No ☒
- Are all live parts covered? Yes ☐ No ☒

## EARTHING/BONDING DETAILS

- If TNCS is main protective conductor connected?

Yes ☐ No ☐ N/A ☐ Not visible

- If present is it the correct size? Yes ☐ No ☐ N/A ☐

- Earth Electrode Inspection Chamber? Yes ☒ No ☐

- If yes... Is earth electrode visible? Yes ☒ No ☐

- If yes... Is protective tape used? Yes ☐ No ☐ Copper Rod + clamp

- If visible is the earthing conductor the correct size? Yes ☒ No ☐

- Is all main equipotential bonding correct? Yes ☒ No ☐ N/A ☐

- All supplementary bonding correct & connections verified?

Yes ☐ No ☒ N/A ☐

- Protective Earthing sleeved where appropriate? Yes ☐ No ☐ N/A ☒

- Polarity+earthing of all switches/outlets correct? Yes ☐ No ☒

- All metallic switches / outlets earthed? Yes ☐ No ☒

## DISTRIBUTION BOARD/S

- Labelled correctly? Yes ☐ No ☒
- Located correctly? Yes ☒ No ☐
- Sub circuit isolation & overcurrent device type?

Fuse ☐ Mcb ☒

- Are all devices correctly rated for S/C & O/L?

Yes ☐ No ☒

- Circuit sequence correct for P, N, +E? Yes ☐ No ☒

- RCD's

Circuit description	Tripping current	Longest tripping time
Sockets	30 mA	17.2.9 ms
Electric Shower	30 mA	17.8 ms

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## GENERAL

21. Correct cable colours used at the time of installation? Yes ☒ No ☐
22. Are cables in good condition? Yes ☒ No ☐
23. Cables correctly selected? Yes ☒ No ☐
24. Correct routing of cables in attic area? Yes ☐ No ☒ N/A ☐
25. Cables correctly installed where visible? Yes ☒ No ☐
26. All excessive heating effects from luminaires avoided? Yes ☐ No ☒
27. Correctly selected accessories & switches? Yes ☒ No ☐
28. Are they in a good condition? Yes ☒ No ☐
29. Are they correctly located? Yes ☐ No ☒
30. Are they suitable for their environment? Yes ☒ No ☐

## QUALITY OF WORKMANSHIP:

- Very Good ☐
- Satisfactory ☐
- Poor ☒

## SUMMARY TEST DATA

Min Insulation Resistance Not Carried out MΩ

Max Resistance of protective conductor 3.34 Ω

Max fault loop impedance 5.02 Ω and type and size of associated protective device

Type C Size 10A

## TEST INSTRUMENT SERIAL NUMBERS :

Continuity Tester \_\_\_\_\_

Insulation Resistance Tester \_\_\_\_\_

Loop Impedance Tester \_\_\_\_\_

RCD Tester \_\_\_\_\_

## DECLARATION

I/We the undersigned are responsible for the inspection and testing of the electrical installation described on page 1. of this report.

I/We confirm to the best of my /our knowledge that tests and observations made on pages 1, 2, 3, 4, & \_\_\_\_\_ represent an accurate assessment within the limits specified, of the condition of the electrical installation.

Inspected and tested by (Signed) \_\_\_\_\_

(BLOCK CAPITALS) \_\_\_\_\_



# Periodic Inspection Report for an Electrical Installation OBSERVATIONS AND RECOMMENDATIONS (tick boxes as appropriate)

PR No:

(Note subject to the limitations specified on Page 1 of this report)

☐ NO REMEDIAL WORK IS REQUIRED ☐ THE FOLLOWING OBSERVATIONS ARE MADE

REF NO.	COMMENTS (USE NUMBERED CONTINUATION SHEETS IF NECESSARY)	Recommendations As detailed below ●
3	BURNER MISSING ON BOARDS	1
11	STAINLESS STEEL SINKS + CROSS BONDING OF PIPES	1
13	SOME LIGHTS + SOCKETS REVERSE POLARITY	1
14	SOME SWITCHES NO EARTH + SOCKETS + LIGHTS	1
15	ALL BOARDS REQUIRE PROPER WIRING	2
18	WIRING RATING AND TYPE OF MCB + RESIST USED	1
19	<del>WIRING</del> CIRCUITS NOT SEQUENCED.	4
24	CABLES NOT PROPERLY RUN IN THE ATTIC	3
26	SIGN OF HEAT DAMAGE IN LIGHT FITTINGS	1
29	SOME ISOLATORS NOT POSITIONED CORRECTLY.	2

- One of the following numbers, as appropriate, is allocated to each of the observations made above to indicate to the person(s) responsible for the installation the action recommended.

(1) REQUIRES URGENT ATTENTION (2) REQUIRES IMPROVEMENTS (3) REQUIRES SOME ATTENTION  
(4) DOES NOT COMPLY WITH CURRENT NATIONAL RULES FOR ELECTRICAL INSTALLATIONS\*

\*THIS DOES NOT NECESSARILY IMPLY THAT THE ELECTRICAL INSTALLATION INSPECTED IS UNSAFE.

On the basis that all observations requiring "urgent attention" have been completed without delay, I/We recommend that this electrical installation is further inspected and tested after an interval of not more than ..... months / years. (NB. Future national requirements may modify the specified time interval in question)

Signed Terrell Williams  
(BLOCK CAPITALS)

Certifier No. ....

Date 13-11-20



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1	25% of outlets / accessories have been inspected	
2	Some Sockets are Damaged / switches also.	

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Signed *Foral in thorn*  
(BLOCK CAPITALS)

Certifier No. ....

Date *13-11-20* .....