

<b>BEMS – ELECTRICAL TEST REPORT – CONSTRUCTION PROJECTS – FORM2</b>	Date:
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Either Purchase Order No (Preferred)

Report No:

Electrical Work Carried Out:

or Work Order No:

Location of Work:

Site:

Building:

Floor:

Department:

Door Frame ID:

Circuit or Equipment	Circuit No:	Protection Size and Type	Neutral No:	Phase	Cable Size	Visual Inspection Complete	Continuity Test OHMS	Insulation Resistance MEGOHM	Polarity Test Equipment or Circuit	Fault loop Impedance Test /OHMS	RCD Test msec 0° / 180°	Operational Test	Test Date

Checked interconnection of all subcircuits.

Switchboard circuit schedule completed.

MEN checked before leaving site.

I certify that the electrical installation, to the extent that it is affected by the electrical work, has been tested to ensure it is electrically safe and is in accordance with the requirements of the wiring rules and any other standard applying to the electrical installation under the Electrical Safety Regulation 2013.

Tested by:  
 Electrical Licence No:  
 Electrical Contractor Licence No:  
 Date:

Tester's Signature:

