

Neil Hewitt Electrical & Air Conditioning P/L

VISUAL SAFETY EXAMINATION / INSPECTION CHECKLIST

Examination / inspection checklist

Customer:	.....	Date:	.....
Address:	.....	Phone:	.....
	.....	Mobile:	.....
Contact:	.....	

Inspection Activity	Yes	No	NA
General			
Basic protection (protection against direct contact with live parts), e.g. insulation and enclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fault protection (protection against indirect contact with exposed conductive parts), e.g. by the use of automatic disconnection of supply, double insulation or isolating transformers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against hazardous parts, e.g. enclosure, guarding or screening of flammable materials, hot surfaces and parts that may cause physical injury.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against spread of fire, e.g. penetration of fire barriers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General condition of the electrical equipment, e.g. signs of damage that could impair safe operation, disconnection of unused electrical equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consumers Mains			
Current carrying capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Voltage drop, e.g. size of conductors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground installation conditions, e.g. enclosure, depth of burial, mechanical protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aerial installation conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection of wiring.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against external influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switchboards			
Location, e.g. access and egress.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Protective devices, e.g. selection and setting of adjustable protective devices for compliance with overcurrent protection, arc fault protection and discrimination requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolating devices, e.g. main switches.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connecting devices, e.g. neutral bars, earth bars and active links.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection and fixing of wiring and switchgear.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification and labelling of electrical equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against external influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wiring systems			
Conductor size, e.g. current-carrying capacity and voltage drop.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identification of cable cores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate support and fixing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connections and enclosures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular installation conditions, e.g. underground, aerial, safety services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Segregation from other services and electrical installations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against external influences, e.g. enclosure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical equipment			
Isolation and switching devices for protection against injury from mechanical movement devices and motors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Isolation and switching devices for protection against thermal effects, e.g. motors, room heaters, water heaters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switching devices for particular electrical equipment, e.g. socket outlets, water heaters, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Particular installation conditions, e.g. locations affected by water, explosive atmospheres, extra-low voltage, high voltage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compliance with required Standard.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection, support and fixing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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Protection against external influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthing			
MEN connection.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earth electrode.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Earthing conductors, e.g. size, identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipotential bonding conductors, e.g. size, identification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connections, joints and terminations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Protection against external influences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Connection to earthing arrangements for other systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Creation of earthed situation that may require earthing of additional electrical equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMENTS (<i>Unusual situations; departures from AS/NZS 3000:2007</i>)			

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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Inspection area checklist

Room by room inspection	Yes	No	NA
Front entrance/stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lounge 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lounge 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV room 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TV room 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Study 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom 5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pool area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Visual safety examination / inspection report

Customer:	Date:
Address:	Phone:
.....	Mobile:
Contact:	

Description of the Works performed:

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Installed by		Tested by	
Name:		Name:	
Signature:		Signature:	
Date:		Date:	

Customer Copy	Yes	No
Has a copy of this form been issued to and/ or discussed with the customer?	<input type="checkbox"/>	<input type="checkbox"/>

¹ This Installation has been tested in accordance with AS-3017\