



To be completed by the qualified and competent electrical worker carrying out tests at meter board/pole/pillar/pit at the time of testing.

Job/Project/Reference No.

Installation Address:

PRE OUTAGE		BEFORE DISCONNECTION OF SERVICE MAINS								
Visual Inspection of Meter Station						<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Confirm Isolation Point - Main Switch (MS), Fuses (FU) or Revenue Meter (RM)						<input type="checkbox"/> MS	<input type="checkbox"/> FU	<input type="checkbox"/> RM		
Phase Rotational Test at Customer Installation						<input type="checkbox"/> ↗	<input type="checkbox"/> ↘			
Voltage Test at Customer Installation			R-N	V	W-N	V	B-N	V		
			R-W	V	R-B	V	W-B	V		
Loop Impedance Test at Customer Installation			R	Ω	W	Ω	B	Ω		
Pre mains work testing carried out by:		Name:			Registration No.:					
		Signature:			Pre Test Date:					
DURING OUTAGE		CARRY OUT THE WORKS								
Before disconnection of any conductors ensure the Neutral and phase colours are correctly identified and marked						<input type="checkbox"/> YES	<input type="checkbox"/> NO			
Turn the main switch OFF before the work starts or create an open point <input type="checkbox"/> YES										
DURING OUTAGE		BEFORE RECONNECTION OF CONDUCTORS OR SERVICE MAINS								
Pre Livening De-energised Polarity / Insulation Resistance Tests at Pole, Pillar, Pit (at 500V DC to independent trailing earth lead)			R-N	MΩ	W-N	MΩ	B-N	MΩ	N-E	Ω
			R-W	MΩ	W-B	MΩ	B-R	MΩ		
			R-E	MΩ	W-E	MΩ	B-E	MΩ		

POST OUTAGE		LIVEN TO THE CUSTOMERS MAIN SWITCH (Still OFF)								
Test Polarity at Customers Installation						<input type="checkbox"/> Pass	<input type="checkbox"/> Fail			
Phase Rotational Test at Customers Installation						<input type="checkbox"/> ↗	<input type="checkbox"/> ↘			
Record Voltage from Loop Impedance Tester			R-N	V	W-N	V	B-N	V	N-E	V
			R-W	V	W-B	V	B-R	V		
Loop Impedance Test at Customers Installation			R	Ω	W	Ω	B	Ω		
Prospective Short Circuit Current (PSCC)			PSCC	A	PSCC	A	PSCC	A		
Note: Are all test results as expected? <input type="checkbox"/> YES If so, turn main switch ON or Return open point to normal <input type="checkbox"/> YES						Supply Prot Device Rating A				

ROI No:	COC No:	Meter No:		
Comments / Details (note if seal has been broken)				
I am satisfied that the installation, or part of the installation, to which the Electrical Safety Certificate applies is connected to a power supply and is safe to use.	Name (Print)	Registration No.	Signature	Date
For planned work, I verify that I have witnessed the tests being completed.	Name (Print)	Registration No.	Signature	Date

