

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
				R-W	V	R-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 Liveness 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. For planned work, I verify that I have witnessed the tests being completed.		Name (Print)	Registration No.	Signature	Date
		Name (Print)	Registration No.	Signature	Date

Controlled Document

