

Form 5

Certificate of Electrical Compliance

ABN 21 086 180 442

2 Midland Square, Midland WA 6056

Ph (08) 9267 9267 Fax (08) 9267 9444

swan@swan.wa.gov.au

www.swan.wa.gov.au

Health (Public Buildings) Regulations 1992 (Form 5)

I hereby certify that the electric light and/or power – installation, alteration, addition – at the under mentioned premises has been carried out in accordance with the Health (Public Buildings) Regulations 1992.

Full Name of Occupier:

Details of Building

Name:**Address:****Suburb:****Postcode:**

Particulars of Installation

Describe any electrical work for which you are not responsible in these premises:

Signature of licensed electrical contractor or electrical worker authorised to sign on behalf of the electrical contractor/in-house electrical installer. This form is to be forwarded to the City of Swan when work is completed.

Signature**Date**

Contractor's/in-house Electrical Installer's Details

Business Name:**Registration No.****Address:****Phone:****Mobile:****Email:**

Lodging this form:

In Person: City of Swan Administration Centre, 2 Midland Square, Midland

By Mail: PO Box 196, Midland WA 6936

By Email: swan@swan.wa.gov.au