

SCHEDULE 2

FORM 5
 (Reg.10)
 HEALTH ACT 1911

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

CERTIFICATE OF ELECTRICAL COMPLIANCE

TO: City of Swan
PO Box 196
MIDLAND WA 6936

DATE:.....

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:	Post Code:

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.

SIGNATURE: X	Date
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Contractor's/in-house Electrical Installer's Details

Business Name:	
Registration No.	
Address:	
Phone No.	Fax No.
Mobile:	email

THIS FORM IS TO BE FORWARDED TO THE CITY OF SWAN WHEN WORK IS COMPLETED.