ACT Planning & Land Authority

New
CERTIFICATE OF ELECTRICAL SAFETY

Electricity Safety Act 1971 **Section 6**

Phone: (02) 6207 7775 Fax: (02) 6205 4510

Part 1: Installation owner details

Name of installation owner _____ Phone_____

Building ID _____ Floor / Level_____Unit / Shop No._____

Street Address_____Postcode_____

Suburb_____Section_____Block_____

Is a certificate of occupancy required? ☐ No. ☐ Yes. If Yes, building project number must be supplied: _____

Part 2: Category

Please tick one box

☐ Residential ☐ Commercial

Part 3: Type of Work

Please tick one box

☐ New ☐ Temporary Supply ☐ Repair

☐ Permanent/Temporary Supply

Part 4: Installation

Tick as applicable

☐ Normal ☐ UPS ☐ Standalone

☐ Street lights ☐ Traffic lights ☐ Public lights

☐ External lighting ☐ Soft wiring ☐ Solar PV

☐ Hazardous location ☐ Schools and child care ☐ Medical and health care

☐ Swimming pool ☐ Spa or hot tub ☐ Safety services

Part 5: Work Load Details

Item	QTY	Item	QTY	Load KW	Item	QTY	Load KW
Lights		Hot plates			Street lights		
Ceiling fans		Wall oven			Smoke detectors		
10A single socket-outlets		Range			Circuits for pool equipment		
10A double socket-outlets		Storage hot water			Pool heater		
10A multiple socket-outlets		Instantaneous hot water			Spa or Hot tub		
15A & 20A socket-outlets		Off peak hot water			Sauna		
3 phase socket-outlets		Electric solar hot water			Air conditioning		
Other socket-outlets		Direct heating			Motors		
Exhaust fans		Off peak heating					
Safety switches		Fan light heater					

	Qty	Supply KW
Alternative energy supply (AES)		

☐ Consumer mains _____mm^2 ☐ Main switchboard ☐ Distribution board

Main earth location _____ Equipotential earth bond locations _____

Other load details (if insufficient space please attach list) _____

Part 6: Certification

WORK TESTED BY

Unrestricted electrician.....

COLA licence No. ..... **Date tested**.....

Signature.....

INSTALLED BY

(Details of the electrical contractor or unrestricted electrician who installed the electrical installation covered by this CES)

Name .....

COLA licence No. .....

Telephone No. .....

To: Construction Occupations Registrar. I hereby notify that the electrical wiring work described in this report has been tested in accordance with AS/NZS 3017 by the following persons and complies with AS/NZS 3000 Wiring Rules (The tester must sign this certification).

OFFICE USE ONLY

E													I	N	S	P		

Defect report / Seal ID No ..... ☐ Reinspection fee required

Inspector remarks: .....

☐ Passed Signature..... Date___/___/___