

## SLE ELECTRICAL CONTRACTOR'S QUESTIONNAIRE

Name of premises: \_\_\_\_\_

Street address of premises: \_\_\_\_\_

\_\_\_\_\_

### Wiring

1. In what year was the **oldest** section of wiring on the premises installed? \_\_\_\_\_ (year)
2. Does the condition of the **oldest** section of wiring indicate that the premises should be rewired?  
 Yes     No
3. Is there any Vulcanised Indian Rubber wiring on the premises?  
 Yes     No

### Switchboard

4. Is the main switchboard 100% safety circuit breaker with HRC fuses?  
 Yes     No, please state switchboard & fuse type \_\_\_\_\_  
\_\_\_\_\_
5. In what year was the main switchboard installed? \_\_\_\_\_ (year)
6. Is the main switchboard enclosed in a metal cabinet with a latch?  
 Yes     No, please state cabinet type \_\_\_\_\_
7. Is the switchboard capacity adequate to cope with the maximum anticipated demand for the premises?  
 Yes     No

### Distribution/sub-boards

8. Are all sub-boards 100% safety circuit breaker?  
 Yes     No, please state sub-board types \_\_\_\_\_
9. In what year were the sub-boards installed? \_\_\_\_\_ (year)
10. Are all sub-boards enclosed in metal cabinets with latches?  
 Yes     No, please state cabinet type \_\_\_\_\_

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11. Are all sub-board capacities adequate to cope with the maximum anticipated demand for the premises?

Yes       No

### Inspections

12. Please conduct the following inspections and confirm the results as follows:

|                                                                                       | <b><u>No irregularities</u></b><br>detected | Irregularities detected<br><b><u>and</u></b> rectified | Irregularities detected<br><b><u>but not</u></b> rectified |
|---------------------------------------------------------------------------------------|---------------------------------------------|--------------------------------------------------------|------------------------------------------------------------|
| Thermal scan of all switchboards (please attach results)                              | <input type="checkbox"/>                    | <input type="checkbox"/>                               | <input type="checkbox"/>                                   |
| All switchboards clear of obstructions that may prevent access in the event of a fire | <input type="checkbox"/>                    | <input type="checkbox"/>                               | <input type="checkbox"/>                                   |
| No combustible or flammable items within 1 meter of all switchboards                  | <input type="checkbox"/>                    | <input type="checkbox"/>                               | <input type="checkbox"/>                                   |
| Test and tag of all electrical appliances                                             | <input type="checkbox"/>                    | <input type="checkbox"/>                               | <input type="checkbox"/>                                   |

### Contractor Details

Name of electrical contractor \_\_\_\_\_

License number \_\_\_\_\_

Mobile phone number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_