



This report is not valid if the serial number has been defaced or altered

23505844

DPN18C

# DOMESTIC ELECTRICAL INSTALLATION CONDITION REPORT

Small installations up to 100 A single phase supply

Issued in accordance with BS 7671: 2018 - Requirements for Electrical Installations

## PART 1 - DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION

DETAILS OF THE CONTRACTOR		DETAILS OF THE CLIENT		DETAILS OF THE INSTALLATION	
Registration No: 041541000	Branch No: 000	Contractor Reference Number (CRN): N/A	Occupier: N/A		
Trading Title: IT Electrical Contractors Ltd		Name: Mr Julian Breerton	Address: 46 Victoria Street, EXETER		
Address: 11 Pulpit Walk, Exeter		Address: Bowbeer Farm, Spreyton, CREDITON, Devon			
Postcode: EX2 8FH	Tel No: 01392 258981	Postcode: EX17 5AE	Tel No: N/A	Postcode: EX4 6JQ	Tel No: N/A

## PART 2 - PURPOSE OF THE REPORT

Purpose for which this report is required: Landlord report

Date(s) when inspection and testing was carried out: (14/06/2021) Records available: (N/A) Previous inspection report available: (N/A) Previous report date: (N/A)

## PART 3 - SUMMARY OF THE CONDITION OF THE INSTALLATION

General condition of the installation (in terms of electrical safety):  
Fair condition for the age of the installation

Estimated age of electrical installation: (N/A) years Evidence of additions or alterations: ( ) Overall assessment of the installation is: Satisfactory ~~Unsatisfactory~~ (delete as appropriate)

## PART 4 - DECLARATION

### INSPECTION AND TESTING

I, being the person responsible for the inspection and testing of the electrical installation, particulars of which are described in PART 7, having exercised reasonable skill and care when carrying out the inspection and testing of the existing installation, hereby CERTIFY that the information in this report, including the observations (page 2) and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations on the inspection and testing.

Name (capitals): RICHARD REID Signature: [Signature] Date: 14/06/2021

### REVIEWED BY QUALIFIED SUPERVISOR

Name (capitals): RICHARD REID Signature: [Signature] Date: 14/06/2021

\*An unsatisfactory assessment indicates that dangerous (CODE C1) and/or potentially dangerous (CODE C2) conditions have been identified in PART 6, or that Further Investigation (CODE FI) without delay is required.

Original (to the person ordering the work)