

**This safety report is an important and valuable document which should be retained for future reference.**

# DOMESTIC VISUAL CONDITION REPORT

Issued by an approved Contractor or Conforming Body enrolled with NICEIC, Warwick House, Houghton Hall Park, Houghton Regis, Dunstable IJ5 5ZX.

To the person ordering the work

DETAILS OF THE CLIENT AND INSTALLATION	
Client:	Mr Han Isaacson
Type of dwelling:	Multiple occupation flat
Address:	Flat 8 6b Gwennyth Street Cardiff
	Postcode: CF24 4PH

SUMMARY OF THE CONDITION OF THE INSTALLATION	
General condition of the installation:	Items tested and inspected were found to be in sound condition .
Approximate age of the installation:	10 year
Evidence of alterations or additions:	

PARTICULARS OF APPROVED CONTRACTOR	
Trading Title:	John Bulpin Electrical
Address:	76 Hunter St Briton Ferry Neath
Telephone No:	07970425732
NICEIC Enrolment No: (Essential information)	27062
Branch No: (if applicable)	
	Postcode: SA11 2RS

DECLARATION	
I being the person responsible for the visual inspection of the electrical installation (as indicated by my signature below), particulars of which are described above, having exercised reasonable skill and care when carrying out the inspection, hereby declare that the information in this report, including the observations and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the limitations of a visual-only inspection.	
I further declare that in my judgement the condition of the said installation is <input checked="" type="checkbox"/> Satisfactory, or <input type="checkbox"/> Unsatisfactory, significant damage, deterioration and/or defects being evident. <i>Tick as appropriate</i>	
Signature:	Name (CAPITALS):
<i>J Bulpin</i>	JOHN BULPIN
	Date:
	15/03/2018
Results reviewed by the Qualified Supervisor:	
<i>J Bulpin</i>	JOHN BULPIN
	Date:
	15/03/2018

OBSERVATIONS AND RECOMMENDATIONS FOR ACTION TO BE TAKEN	
Referring to the attached schedule of inspection results:	There are no visually-evident items affecting electrical safety <input type="checkbox"/> or The following observations and recommendations are made. <input type="checkbox"/>
Item No	Classification Code †
1	C3
2	

Additional pages? No  Yes

† One of the following codes, as appropriate, has been allocated to each of the observations made above to indicate to the person(s) responsible for the installation the degree of urgency for remedial action:

**Code C1 'Danger present'.** Risk of injury. Immediate remedial action required.

**Code C2 'Potentially dangerous'.** Urgent remedial action required.

**Code C3 'Improvement recommended'.**

Please see the notes to the recipient for guidance regarding the recommendations.

Immediate remedial action required for items:

Urgent remedial action required for items:

Further investigation required for items:

Improvement recommended for items: 1

NEXT INSPECTION	
§ Enter interval in terms of years months or weeks as appropriate	
I recommend that this installation is further inspected after an interval of not more than:	
	5 YEARS
and that the inspection is:	
Full periodic	<input checked="" type="checkbox"/>
or Visual condition	<input type="checkbox"/>

†Note: If necessary, continue on additional page(s) which must be identified by the Domestic Visual Condition Report serial number and page number(s).

**Please see the 'Notes for Recipients' on the reverse of this page.**

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Original (To the person ordering the work)

## ORIGIN OF INSTALLATION

<b>System type(s)</b>		<b>Primary supply overcurrent protective devices</b>			<b>Means of earthing</b>		<b>Earthing system</b>		<b>Bonding of extraneous-conductive-parts</b>								
TN-S:	N/A	TT:	N/A	BS EN:	BS 1361 F	Rated current:	100 A	Distributor's facility:	<input checked="" type="checkbox"/>	Type:	good	Earthing conductor condition:		Water service:	<input checked="" type="checkbox"/>	Oil service:	N/A
TN-C-S:	<input checked="" type="checkbox"/>	Type and no. of poles:	2	Rated short-circuit capacity:	23 kA	Earth electrode:	N/A	Location:		MET condition:		Gas service:	N/A	Other:	N/A		

## CONSUMER UNIT

Main switch type:	60947-3
Overcurrent protective devices	
Circuit-breakers:	60898
BS 3036:	
BS 1361:	
BS 88 / BS EN 60269:	
RCD (BS):	
RCD (I $\Delta$ n):	
Schedule of circuit details	yes
Label for RCD protection:	yes
Label for next inspection:	yes
Label for mixed wiring:	N/a
Other required labelling (Please state:)	

## FINAL CIRCUITS

	Satisfactory	Urgent attention required	Improvement required	Further investigation needed	Does not comply with standard	Observations
Lighting upstairs	N/A	N/A	N/A	N/A	N/A	
Lighting downstairs	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	
Socket-outlets	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	RCCB
Socket-outlets	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	RCCB
Cooker	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	
Immersion heater	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	
Shower unit	<input checked="" type="checkbox"/>	N/A	N/A	N/A	N/A	
Heating circuit	N/A	N/A	N/A	N/A	N/A	
Smoke detector(s)	N/A	N/A	N/A	N/A	N/A	
Equipment outdoors	N/A	N/A	N/A	N/A	N/A	
Other	N/A	N/A	N/A	N/A	N/A	
Other	N/A	N/A	N/A	N/A	N/A	SMOKES ARE PART 1 SYSTEM

## WIRING SYSTEM

Type:	PVC/PVC
Condition:	SOUND

## LOCATION CONTAINING BATH OR SHOWER - ADDITIONAL PROTECTION

Supplementary equipotential bonding  N/A      All final circuits protected by RCD  X

## OPERATIONAL TESTS

RCD test button	<input checked="" type="checkbox"/>	Main switch	<input checked="" type="checkbox"/>
Functional tests	<input checked="" type="checkbox"/>	Smoke detector(s)	<input checked="" type="checkbox"/>