



# PORTABLE BUILDING PRE-DELIVERY INSPECTION AND TESTING REPORT

**ADDRESS OF DEPOT**  
 Silver Birches  
 Highland Avenue  
 Wokingham  
 RG41 4SP  
 DEPOT TEL No: 01189 894 652

**PURPOSE OF REPORT**

To verify that the electrical installation for the portable building complies with BS 7671:2008 and is in a satisfactory condition for hire.

**CABIN SIZE**  
 2 + 1

**SERIAL NUMBER**  
 3043

**INSPECTION AND CONTINUITY** **SATISFACTORY** ✓

- Check the presence of protective bonding conductors (✓) tick box for satisfactory ✓
- Inspection of accessories for soundness of fixings, breakages, missing parts and signs of overheating ✓
- Inspection of switchgear for soundness of fixings, breakages, missing parts and signs of overheating ✓
- All conductor connections are sound, labelled and correctly identified ✓
- Disconnect and remove any non-original installation equipment/supply wiring to consumer unit ✓

**TESTING (ENSURE EVERY CIRCUIT IS TESTED)** **SATISFACTORY** ✓

Continuity of protective bonding conductor(s) (✓) tick box for satisfactory ✓

**CIRCUIT DETAILS** **TEST RESULTS**


Circuit number	Circuit designation	Number of points served	Circuit conductors: csa		Rating	Circuit impedances (Ω)					Insulation resistance			Polarity	RCD operating times		Functional RCD Test
			Live	cpc		Ring final circuits only (measured to end)			All circuits		Line/Neutral	Line/Earth	Neutral/Earth		At IΔn	At 5IΔn	
			mm <sup>2</sup>	mm <sup>2</sup>		r <sub>1</sub> Line	r <sub>n</sub> Neutral	r <sub>2</sub> cpc	r <sub>1</sub> +r <sub>2</sub>	R <sub>2</sub>	MΩ	MΩ	MΩ		ms	ms	
1	Water heater	1	2.5	2.5	16	✓	✓	✓	0.1 M	✓	✓	✓	✓	28.1	17.9	✓	
2	Guents lights	6	1.5	1.5	6	✓	✓	✓	18 M	✓	✓	✓	✓				
3	Ladies lights	7	1.5	1.5	6	✓	✓	✓	21 M	✓	✓	✓	✓				
4	Pump	1	1.5	1.5	6	✓	✓	✓	0.2 M	✓	✓	✓	✓				
5																	
6																	
7																	
8																	
9																	
10																	

Function testing of appliances/circuits (✓) tick box for satisfactory ✓

**TEST INSTRUMENTS SERIAL NUMBERS**

Continuity: \_\_\_\_\_ Insulation Resistance: \_\_\_\_\_ RCD: \_\_\_\_\_ Loop: \_\_\_\_\_ Multi-Function Tester: 10059301355000

**COMMENTS/REMEDIAL WORK COMPLETED**

Signature of competent person:  Name of competent person (block capitals): CRAIG OWEN Date: 10/15/18

**NEXT INSPECTION**

This unit should next be inspected not more than 12 months from date of the latest Electrical Installation Certificate/Periodic Inspection Report. Date: 10/5/19

**IMPORTANT NOTICE TO HIRER** - This unit will need to be inspected and tested in accordance with BS 7671:2008 once a supply is connected. This inspection and testing should be carried out by a competent person and a relevant report produced. Please see notes for recipients on the following page.