



# 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** 3 + 1  
 WEIRALL

**SERIAL NUMBER** 3084

**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	✓
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**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 1Δn		At 51Δn		
			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	Bath Charger	1	2.5	2.5	16	NA	NA	NA	0.02	NA	1700	+700	+700	✓	10.0	9.3	✓
2	Immersion	1	2.5	2.5	16	NA	NA	NA	0.07	NA	1700	+700	+700	✓	10.0	9.3	✓
3																	
4																	
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

**COMMENTS/REMEDIAL WORK COMPLETED**

Signature of competent person Name of competent person (block capitals) **CRAIG OWEN** Date **10 / 11 / 16**

**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 / 11 / 16**

**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.