



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

2014 3+1

SERIAL NUMBER

1043

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

TESTING (ENSURE EVERY CIRCUIT IS TESTED)	SATISFACTORY
Continuity of protective bonding conductor(s)	(✓) tick box for satisfactory <input checked="" type="checkbox"/>

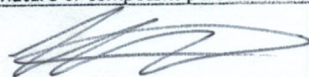
CIRCUIT DETAILS				TEST RESULTS													
Circuit number	Circuit designation	Number of points served	Circuit conductors: csa		Rating	Circuit impedances (Ω)				Insulation resistance			Polarity	RCD operating times		Functional RCD Test	
			Live	cpc		Ring final circuits only (measured to end)		All circuits		Line/Neutral	Line/Earth	Neutral/Earth		At IΔn	At SΔn		
			mm ²	mm ²		A	r ₁ Line	r _n Neutral	r ₂ cpc	r ₁ +r ₂	R ₂	MΩ		MΩ	MΩ		ms
1	Water heater/pump	2	2.5	2.5	16	✓	✓	✓	0.02	NA	+200	+200	+200	✓	28.8	15.6	✓
2	Lights	3	1.5	1.5	6	✓	✓	✓	0.21	NA	+200	+200	+200	✓	28.8	15.6	✓
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: 11-11-16

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: 11-11-17

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.