Form	5
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HEALTH ACT 1911

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

CERTIFICATE OF ELECTRICAL COMPLIANCE

To the City of Armadale

Date _____

I hereby certify that the electric light and/or power – installation, alteration, addition – at the undermentioned premises has been carried out in accordance with the *Health* (*Public Buildings*) Regulations 1992.

NAME & INITIAL OF OCCUPIER	
Deta	ILS OF BUILDING
Name	
No Street	
Suburb	Post Code
PARTICULA	ARS OF INSTALLATION
Describe any electrical work for which yo	ou are not responsible in the premises:
Signature of licensed electrical contractor the electrical contractor/in-house electrical	or electrical worker authorised to sign on behalf of l installer.
Contractor's/in-house electrical installers	BUSINESS NAME:
Contractor's/in-house electrical installers	REGISTRATION NO:
Contractor's/in-house electrical installers	Address:
Contractor's/in-house electrical installers	TELEPHONE NO:
This form to be forwarded to th	e local Authority when work is completed.

(Reg 10)