ACT Planning & Land Authority

Addition - Alteration - Repair
CERTIFICATE OF ELECTRICAL SAFETY

Electricity Safety Act 1971 **Section 6**

Phone: (02) 6207 7775 Fax: (02) 6205 4510

Part 1: Installation owner details

Name of installation owner _____ Phone_____

Building ID _____ Floor / Level_____Unit / Shop No._____

Street Address_____Postcode_____

Suburb_____Section_____Block_____

Is a certificate of occupancy required? ☐ No. ☐ Yes. If Yes, building project number must be supplied: _____

Part 2: Category
Please tick one box

☐ Residential ☐ Commercial

Part 3: Type of Work
Please tick one box

☐ Addition ☐ Alteration ☐ Repair

Part 4: Installation
Tick as applicable

☐ Normal ☐ UPS ☐ Standalone
☐ Street lights ☐ Traffic lights ☐ Public lights
☐ External lighting ☐ Soft wiring ☐ Solar PV
☐ Hazardous location ☐ Schools and child care ☐ Medical and health care
☐ Swimming pool ☐ Spa or hot tub ☐ Safety services

Part 5: Work Load Details

Item	QTY	Item	QTY	Load KW	Item	QTY	Load KW
Lights		Hot plates			Street lights		
Ceiling fans		Wall oven			Smoke detectors		
10A single socket-outlets		Range			Circuits for pool equipment		
10A double socket-outlets		Storage hot water			Pool heater		
10A multiple socket-outlets		Instantaneous hot water			Spa or Hot tub		
15A & 20A socket-outlets		Off peak hot water			Sauna		
3 phase socket-outlets		Electric solar hot water			Air conditioning		
Other socket-outlets		Direct heating			Motors		
Exhaust fans		Off peak heating				Qty	Supply KW
Safety switches		Fan light heater			Alternative energy supply (AES)		

☐ Consumer mains _____mm^2 ☐ Main switchboard ☐ Distribution board

Main earth location _____ Equipotential earth bond locations _____

Other load details (if insufficient space please attach list) _____

Part 6: Certification

WORK TESTED BY

Unrestricted electrician……

COLA licence No. …… **Date tested**……

Signature……

INSTALLED BY
(Details of the electrical contractor or unrestricted electrician who installed the electrical installation covered by this CES)

Name ……

COLA licence No. ……

Telephone No. ……

To: Construction Occupations Registrar. I hereby notify that the electrical wiring work described in this report has been tested in accordance with AS/NZS 3017 by the following persons and complies with AS/NZS 3000 Wiring Rules (The tester must sign this certification).

OFFICE USE ONLY

E											

I	N	S	P		

Defect report / Seal ID No …….. ☐ Reinspection fee required **CES#**

Inspector remarks: ……

☐ Passed Signature…… Date___/___/___

Green original to ACT Planning and Land Authority Yellow copy to installation owner Pink copy to be retained by electrician

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Authorised by the ACT Parliamentary Counsel—also accessible at www.legislation.act.gov.au