

Annexure 1

DEPARTMENT OF LABOUR

OCCUPATIONAL HEALTH AND SAFETY ACT, 1993

CERTIFICATE OF COMPLIANCE



Certificate of compliance in accordance with regulation 7(1) of the Electrical Installation Regulations, 2009.	Certificate No.			
	Certificate Type_(Tick appropriate block)			
	Initial Certificate		Supplementary Certificate	
Supplement No.to Initial Certificate No.as issued on:				
Identification of the relevant electrical installation				
(Address or other unique reference, where applicable)				
Physical address:				
Name of building:				
GPS Coordinates.....				
Suburb/Township:				
Pole number:				
District/Town/City:				
Erf/Lot No.:				
Declaration by registered person				
I _____ (ID No. _____)				
a registered person, declare that I have personally carried out the inspection and testing of the electrical installation described in the attached test report as per the requirements of:				
(Tick appropriate box)				
(a) electrical installation regulations 9(2)(a) (new electrical installation); or				
(b) electrical installation regulations (9(2)(b) (existing electrical installation); or				

(c) electrical installation regulations 9(2)(c) (new part to existing electrical installation)											
and deem the electrical installation to be reasonably safe when properly used.											
I have entered the number of this certificate on the attached test report(s).											
I declare that the persons responsible for the design, specification, procurement, construction, commissioning and inspection and test have completed the relevant sections of the test report.											
Registered person registration number:Date of registration											
Type of registration: (Tick appropriate block)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Electrical tester for single phase</td> <td style="width: 20%;"></td> </tr> <tr> <td>Installation electrician</td> <td></td> </tr> <tr> <td>Master installation electrician</td> <td></td> </tr> </table>	Electrical tester for single phase		Installation electrician		Master installation electrician						
Electrical tester for single phase											
Installation electrician											
Master installation electrician											
Signature:..... Date:											
Contact details of registered person:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Tel No.</td> <td></td> </tr> <tr> <td>Fax No.</td> <td></td> </tr> <tr> <td>Cell No.</td> <td></td> </tr> <tr> <td>Email</td> <td></td> </tr> <tr> <td>Address</td> <td>.....</td> </tr> </table>	Tel No.		Fax No.		Cell No.		Email		Address
Tel No.											
Fax No.											
Cell No.											
Email											
Address										
NOTE: 1. This certificate is not valid unless all the sections have been completed correctly and the test report in the format approved by the chief inspector is attached. 2. This certificate will be invalid if any corrections have been made.											
Declaration by electrical contractor											
I _____ (ID No. _____)											
declare that the electrical installation has been carried out in accordance with the requirements of the Occupational Health and Safety Act, 1993, and regulations made thereunder.											
Electrical contractor registration number: Date of registration											
Signature:.....											

Contact details of electrical contractor:

Name	
Address
Tel.	
Fax	
Cell	
Email	

Recipient name: Signature: Date: