

**HEALTH (MISCELLANEOUS PROVISIONS) ACT 1911
FORM 5
HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992
CERTIFICATE OF ELECTRICAL COMPLIANCE**

TO: The City of Kwinana

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 and initial of occupier: _____

DETAILS OF BUILDING:

Name: _____

No.: _____ Street: _____

Suburb: _____ Post Code: _____

PARTICULARS OF INSTALLATION

Describe any electrical work for which you are not responsible in these premises.

Signature of licensed electrical contractor or electrical worker authorised to sign on behalf of the electrical contractor/in-house electrical installer.

Contractor's/in-house electrical installer's details:

Business Name: _____ Reg. No.: _____

Address: _____

Phone No: _____ Mobile: _____

This form is to be forwarded to the City of Kwinana when work is completed.