

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

TO:	The City of Kwinana	Date:
under		ght and/or power installation, alteration, addition at the een carried out in accordance with the <i>Health (Public</i>
Name	e and initial of occupier:	
	DI	ETAILS OF BUILDING:
Name	9:	
No.: _	Street:	
Subu	rb:	Post Code:
	PARTIC	ULARS OF INSTALLATION
Desci	ribe any electrical work for v	which you are not responsible in these premises.
Signa behal	ture of licensed electrical f of the electrical contractor.	contractor or electrical worker authorised to sign on
	actor's/in-house electrical ir	
Business Name:		Reg. No.:
Addre	ess:	
Phone	e No: Mo	bile:
This	form is to be forwarded to	the City of Kwinana when work is completed.