

APPROVED
CONTRACTOR

DOMESTIC ELECTRICAL INSTALLATION CONDITION REPORT

This report is not valid if the serial number has been defaced or altered

29147972

DPN18C

Small installations up to 100 A single phase supply

Issued in accordance with BS 7671: 2018 - Requirements for Electrical Installations

1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION

DETAILS OF THE CONTRACTOR		DETAILS OF THE CLIENT		DETAILS OF THE INSTALLATION	
Contractor No: 606079000	Branch No: 000	Contractor Reference Number (CRN): N/A	Occupier: Unoccupied	Address: The Annex, Goldcombe Farm, Giltisham, Honiton, Devon	Postcode: EX14 3AB
Title: M Fowler And Son		Name: Mr P Slansell	Address: The Annex, Goldcombe Farm, Giltisham, Honiton, Devon	Postcode: EX14 3AB	Tel No: N/A
Address: 43 Willow Walk, Honiton, Devon		Address: The Annex, Goldcombe Farm, Giltisham, Honiton, Devon			
Tel No: 07796272484		Postcode: EX14 3AB			

2 : PURPOSE OF THE REPORT

Purpose of report: Rental of property

When inspection and testing was carried out: 29/01/2024

Records available: N/A

Previous inspection report available: X

Previous report date: N/A

3 : SUMMARY OF THE CONDITION OF THE INSTALLATION

Summary of condition: Satisfactory

Age of electrical installation: N/A years

Evidence of additions or alterations: Satisfactory/Unsatisfactory* (delete as appropriate)

Overall assessment of the installation is: Satisfactory/Unsatisfactory* (delete as appropriate)

4 : DECLARATION

ACTION AND TESTING

Declaration: I, the person responsible for the inspection and testing of the electrical installation, particulars of which are described in PART 7, having exercised reasonable skill and care when carrying out the inspection and testing of the installation, hereby CERTIFY that the information in this report, including the observations (page 2) and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the extent of the installation and the limitations on the inspection and testing.

(Signature): MARK FOWLER

Signature: [Signature]

Date: 29/01/2024

QUALIFIED SUPERVISOR

(Signature): MARK FOWLER

Signature: [Signature]

Date: 29/01/2024

Satisfactory assessment indicates that dangerous (CODE C1) and/or potentially dangerous (CODE C2) conditions have been identified in PART 6, or that further investigation (CODE F1) without delay is required.