Form V.1 Equipment register							
Organization			Address				
Responsible pe	erson		-				
Equipment	Location	Equipment description		Serial no.	Frequency of		
ID no.					formal visual inspection	combined inspection and test	
Date:						Page of of	



Form V.2 Equipment formal visual and combined inspection and test record Inspector Name: Client: (Note 1) (Note 2) Organization: Date: Item Note Item 1 Item 2 Item 3 Item 4 Equipment ID No. 3 Description 4 5 Construction Class 6 Type (S, IT, M, P, H, F) 7 Location Formal Visual 8 Frequency Insp. Combined 9 Inspection & Test Make 10 Model Serial No. Voltage (V) (if different from 230 V) 11 Rating (watts or A) 12 Fuse (A) 13 Condition of: Socket-outlet 14 (**✓** or **×**) Plug 14 Flex 14 Body 14 Other 14 (please state) Test Results Continuity (Ω) 15(i) Insulation 15(ii) Resistance (M Ω) Polarity ✓ or × 15(iii) 15(iv) Function ✓ or × Other 15(v) (please state) Suitable for environment 16 (Y or N) Comments 17 Suitable for continued use 18 (Y or N) Initials 19



Note: (\checkmark) indicates pass, (\mathbf{x}) indicates fail, (N/A) not applicable, (N/C) not checked

Notes on the formal visual and combined inspection and test record (Form V.2):

- 1 The inspector's name to be entered. Organization details, if not the client, for the third party carrying out the work. The date the formal visual inspection and/or combined inspection and test were carried out.
- 2 Client's details to be entered: This should include the building where the equipment is located.
- **3** Equipment ID number: This is the individual number taken from the equipment register for this particular item of equipment.
- **4** Equipment description: Brief description of what the equipment is, e.g., kettle, lawnmower, extension lead etc.
- **5** Construction class: Class I, Class II, Class III (for other classes of equipment, special precautions must be taken). Class III equipment must have a suitable power source. Please enter details of these in comments section (see note 17).
- 6 Equipment type: Portable, hand-held, movable etc.
- **7** Location: Insert a general description of the equipment's location during normal use. Additional information should be included that may influence safety decisions, such as particular external influences, e.g., heat, damp, corrosive factors, vibration etc.
- **8** Frequency of Formal Visual Inspection: This is to be derived from a risk-based assessment as described in Sections 7.1.1 and 7.3.
- **9** Frequency of Combined Inspection and Test: This is to be derived from a risk-based assessment as described in Sections 7.1.1 and 7.3.
- **10** Make, model and serial number: To be taken from the equipment register or as detailed on the equipment. Where equipment has no serial number, insert 'as equipment ID'.
- **11** Voltage: Enter the voltage, including a.c. or d.c. If the box is left blank it is assumed the equipment is 230 V a.c.
- **12** Rating: This is to be either watts or amperes, as stated on the equipment. If equipment has been modified, or in the case of luminaires, the modified or lamp rating is to be given. The unit of measurement should be clearly identified.
- 13 Fuse: Insert the actual fuse rating within the equipment plug or fused connection unit.
- **14** Condition: All items indicated should be inspected where applicable. For any item not applicable, insert *N/A*. Details of any item where an **x** is inserted should be given in the comments section. For any equipment that requires further parts to be inspected, e.g., equipment where the building provides further protection or fixings for equipment permanently mounted etc., please enter in 'Other (please state)'.
- **15** Test results: Enter all applicable test results in the relevant boxes, using the given units of measurement. For any test not applicable, insert *N/A*. Details should include:
 - **i** earth continuity resistance: where a supply cable, insert the value less the supply cable value and the total value including the supply cable value in brackets, e.g., 0.08Ω (0.12 Ω)
 - ii insulation resistance: at 500 V d.c.; if a different test voltage is used insert this value in brackets
 - iii polarity: where relevant
 - iv function: indicate x if equipment either fails to function correctly or the test instrument displays a load different from the equipment rating
 - other: insert any further tests that may be applicable to the equipment, e.g., leakage testing, including the unit of measurement
- **16** Suitable for environment: An assessment of the equipment's suitability for its known usual location of use. If an assessment of the equipment's location cannot be made because it is different to the location where the inspection and/or test were conducted, enter *lim* for limitation. It is the responsibility of the duty-holder to make a final assessment of the equipment's suitability for the environment.
- **17** Comments: Enter further comments as necessary or comments that arise from information relevant to notes 3 to 16 above.
- **18** Suitability for use: This assessment should be made by the duty-holder taking into consideration the results contained in Form V.2 and derived from a risk-based assessment. Any equipment unsuitable for use should be removed from service by the duty-holder.
- **19** Initials of the person who undertook the formal visual inspection or combined inspection and test and those of the duty-holder if different.

Form V.3 Equipment labels

Appliance number

SAFETY CHECK

	PASS
Date of check	
Appliance number	V
	SAFETY CHECK

Form V.4 Repair register								
Organization			Address					
Responsible	person							
Equipment	Customer	Description	Serial no.	Repairer	Suitable for return to use			
ID no.					√/x	Signature	Date	



Note: (\checkmark) indicates satisfactory, (\mathbf{x}) indicates unsatisfactory

Form V.5 Faulty equipment register						
Organization			Address			
Responsible person						
Date	Equipment ID no.	Equipment fault	Location	Action taken		
	L	1	1	1		



Form V.6 Tes	st instrun	nent recor	ď				
Organization		Address					
Responsible person							
Testing points for lov	w resistance and	l high resistance	tests				
Low resistance							
Type:	Model:		Serial no.: Da		Date of last cal	Date of last calibration:	
Date of test							
0.5 Ω							
Deviation ± %							
Date of test							
1.0 Ω							
Deviation ± %							
Date of test							
10.0 Ω							
Deviation ± %							
High resistance							
Type:	Model:		Serial no.:		Date of last calibration:		
Date of test							
0.5 ΜΩ							
Deviation ± %							
Date of test							
1.0 ΜΩ							
Deviation ± %							
Date of test							
10.0 ΜΩ							
Deviation ± %							
Other							
Type:	Model:		Serial no.:		Date of last calibration:		
Date of test							



Avoid a shock: is your protection robust?

Electricity is a common source of fires as well as serious injuries and even death. It is important that you keep safe by always checking equipment for common hazards before use. These checks don't require any electrical knowledge or skill but can make a big difference to your safety and to that of those around you.













Labels

Check for a valid inspection and testing label if appropriate.



Test

Look for a 'T' or test button on RCD devices. Always press before use to check the RCD trips and disconnects the equipment.

Anything failing these checks must be taken out of service and labelled with a warning to others. All incidents of failed equipment should be reported and logged.

Download this poster for free at **theiet.org/copisitee-poster**For further guidance refer to the IET's Code of Practice for In-Service Inspection and Testing of Electrical Equipment, 5th Edition. To purchase this title or additional electrical safety resources visit **theiet.org/wiringbooks**

