

Certificate of Portable Appliance Testing

This is to certify that

Next Inspection:

28/09/2023

RockPaperPose

23 Dovestone
Wilnecote
Tamworth
B77 4PB

The electrical appliances on these premises (as per the current appliance report register) have been inspected & tested for electrical safety and have met the requirements of; The IEE Code of Practice for the In-Service Inspection and Testing of Electrical Equipment & the Electricity at Works Regulations 1989.

28 September 2022

Date of Test

Wayside House, 97 Burntwood Road, Hammerwich,
Lichfield, Staffordshire WS7 0JL

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R B (Services) Ltd. Company No: 08240959

**PORTABLE APPLIANCE TESTING
COMPLETION CERTIFICATE**

Certificate Reference:

DETAILS OF THE CLIENT

Client and address:

 Postcode:

DETAILS OF THE INSTALLATION ADDRESS

Installation address:
Postcode:

APPLIANCE SUMMARY

Passed Appliances: Failed Appliances: Total Appliances:

NEXT INSPECTION

The RECOMMENDED date for the next inspection:

This is to certify that the Electrical Appliances detailed on the attached record sheets have been tested for electrical safety in accordance with the The Institute of Engineering and Technology Code of Practice for In Service Inspection and Testing of Electrical Equipment. This does not guarantee the future safety of the appliance nor does it guarantee the correct operation for any length of time. The user of the appliance should pay particular attention to any fault or defect that may occur during future use and if there is any doubt as to the safety or correct operation, the appliance should be removed from service for further inspection by a competent person.

Any appliance failing the test has been labelled "FAILED" and has been listed on the failure report together with reasons for failure.

THE FAILED APPLIANCES SHOULD BE REMOVED FROM SERVICE UNTIL THE DEFECT HAS BEEN RECTIFIED

Trading Title:

Address:

 Postcode:

Registration No:
 Telephone No:

Name:

Position:

Signature:

Date:

These records should be kept safe so that they can be produced if requested by a Health & Safety Inspector or Local Authority Enforcement Officer when visiting your premises.

PORTABLE APPLIANCE TESTING REPORT

Certificate Reference:

DETAILS OF THE CLIENT

Client and address:

 Postcode:

DETAILS OF THE INSTALLATION ADDRESS

Installation address:
Postcode:

DETAILS OF THE CONTRACTOR RESPONSIBLE FOR THE TESTING

Trading Title:
 Address:

 Registration No:
 Telephone No:

For the inspection and testing of the electrical equipment:
 Name: Position: Signature: Date:
 Test Equipment Used: Serial Number:

APPLIANCE DETAILS AND TEST RESULTS

Appliance ID	Test Date	Description	Location	Retest Period	Retest Date	Status
00001	28/09/2022	IEC Lead	Photo Booth Equipment	12	28/09/2023	Pass
00002	28/09/2022	Power Supply	Photo Booth Equipment	12	28/09/2023	Pass
00003	28/09/2022	Power Supply	Photo Booth Equipment	12	28/09/2023	Pass
00004	28/09/2022	Power Supply	Photo Booth Equipment	12	28/09/2023	Pass
00005	28/09/2022	Lamp	Photo Booth Equipment	12	28/09/2023	Pass
00006	28/09/2022	Power Supply	Photo Booth Equipment	12	28/09/2023	Pass
00007	28/09/2022	Power Lead	Photo Booth Equipment	12	28/09/2023	Pass
00008	28/09/2022	Power Supply	Photo Booth Equipment	12	28/09/2023	Pass

Total Appliances for Report: 8