

Annexure 1
DEPARTMENT OF LABOUR
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
CERTIFICATE OF COMPLIANCE



Certificate of compliance in accordance with regulation 7(1) of the Electrical Installation Regulations, 2009.	CERTIFICATE NO. ECA1241166	Certificate type (tick appropriate block) Initial Certificate <input type="checkbox"/> Supplementary Certificate <input checked="" type="checkbox"/>
Supplement No.: _____ to Initial Certificate No.: _____ as issued on: _____		
Identification of the relevant electrical installation (Address or other unique reference, where applicable) Physical address: 8888888888888888 Name of building: _____ GPS Coordinates: _____ Suburb / Township: AH Ruimsig Pole number: _____ District / Town / City: Botetou Erf / Lot No.: 8888888888888888		
Declaration by registered person I, 8888888888888888 (ID No.: 8888888888888888) a registered person, declare that I have personally carried out the inspection and testing of the electrical installation described in the attached test report as per the requirements of: (Tick appropriate box) a) electrical installation regulations 9(2) (a) (new electrical installation); or <input type="checkbox"/> b) electrical installation regulations 9(2) (b) (existing electrical installation); or <input checked="" type="checkbox"/> c) electrical installation regulations 9(2) (c) (new part to existing installation) <input type="checkbox"/> and deem the installation to be reasonably safe when properly used.		
I have entered the number of this certificate on the attached test report(s). I declare that the persons responsible for the design, specification, procurement, construction commissioning and inspection and test have completed the relevant sections of the test report.		
Registered person registration number: 8888888888888888 Date of registration: 9-11-2012 Type of registration: (Tick appropriate box) Electrical tester for single phase <input type="checkbox"/> Installation electrician <input checked="" type="checkbox"/> Master installation electrician <input type="checkbox"/> Signature: _____ Date: 12-09-2017		
Contact details of registered person: Address: 8888888888888888 Tel. No.: _____ Fax No.: _____ Cell No.: 8888888888888888 Email.: _____		
NOTE: 1. This certificate is not valid unless all the sections have been completed correctly and the test report in the format approved by the chief inspector is attached. 2. This certificate will be invalid if any corrections have been made.		
Declaration by electrical contractor I, 8888888888888888 (ID No.: 8888888888888888) declare that the electrical installation has been carried out in accordance with the requirements of the Occupational Health and Safety Act, 1993, and regulations made thereunder. Electrical contractor registration number: 8888888888888888 Date of registration: 8-06-2016 Signature: _____		
Contact details of electrical contractor: Name: 8888888888888888 Address: 8888888888888888 Tel. No.: _____ Fax No.: _____ Cell No.: 8888888888888888 Email.: _____ Recipient name: 8888888888888888 Signature: _____ Date: 12/09/2017		



ELECTRICAL CONTRACTORS' ASSOCIATION (S.A)

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FOR USE BY ECA MEMBERS ONLY

TEST REPORT
 for ELECTRICAL INSTALLATIONS
 (To SANS 10142-1)

Certificate of Compliance (CoC) No. 1241166 Date of issue: 12-09-2017 Additional pages added <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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NOTE 1 In terms of South African legislation, the user or lessor is responsible for the safety of the electrical installation.

NOTE 2 This report covers only that part of the installation described in section 3.

NOTE 3 This report covers the circuits for fixed appliances, but does not cover the actual appliances, for example stoves, geysers, air conditioning and refrigeration plant and lights.

NOTE 4 Medical and hazardous locations require additional test reports (see 8.8.2 and 8.8.3).

NOTE 5 Enter the required information or tick the appropriate block.

SECTION 1 - LOCATION (Only required if not provided on Certificate of Compliance)

Physical address: _____
 Name of building: _____

SECTION 2 - INSTALLATION

Existing Certificate ☒ No ☐ Yes Date issued: _____ Number: _____

☒ Existing installation ☐ Alteration / Extension ☐ New installation ☐ Temporary installation

Type of installation: ☒ Residential ☐ Commercial ☐ Industrial ☐ Common area for multiple users (Sectional title)
☐ Other Describe: _____

Type of electricity supply system:
☐ TN-S ☒ TN-C-S ☐ TN-C ☐ TT ☐ IT

Supply earth terminal provided: ☒ Yes ☐ No

Characteristics of supply:
 Voltage: ☐ 230 V ☒ 400 V ☐ 525 V ☐ Other: _____ V
 Number of phases: ☐ One ☐ Two ☒ Three Phase rotation: ☐ Clockwise ☒ Anticlockwise
 Frequency: ☒ 50 Hz ☐ Other _____ d.c.

Prospective short-circuit current at point of control (PSCC): 5 kA ? How determined? ☐ Calculated ☐ Measured ☒ From supplier

Main switch type:
☐ Switch disconnector (on-load isolator) ☐ Fuse switch ☒ Circuit-breaker ☐ Earth leakage circuit-breaker
☐ Earth leakage switch disconnector

Number of poles: 3 Current rating: 60 A Short-circuit/withstand rating: 3 kA
 Rated earth leakage tripping current /Δn: 30 mA ☒ Other: _____ mA

Surge protection (see 6.7.6 and annex L): ☐ Yes ☒ No
 Is alternative power supply installed (see 7.12.1)? ☐ Yes ☒ No

Is any part of the installation a specialized electrical installation? ☐ Yes ☒ No
 If yes, complete additional test reports (see 8.8.2 or 8.8.3).

Is any part of the installation at a voltage above 1 kV? ☐ Yes ☒ No
 If yes, competent person to approve design and complete additional test reports (see 8.6.3 and SANS 10142-2).

Is this installation one of five or more on the same new supply? ☐ Yes ☒ No
 If yes, name of the competent person who supervised the installation (see 8.2.3).

(Add additional pages, specification references or drawings (layout of installation on premises), etc., where applicable)

[illegible]

EXISTING COVERS COVERED BY THIS REPORT	
Existing installation	New/alterd/temporary installation

Alternative power supply connections
Other circuits

Additional tests added ☐ Yes ☐ No ☐ N/A

Existing Installation	New / altered temporary installation
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- | Existing Installation | New/altered temporary installation |
|-----------------------|------------------------------------|
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| ✓ | |
| N/A | |
| N/A | |
| N/A | |
| Yes | |
| Yes | |
| Y.A. | |

distribution board. Also conduct all tests and measurements on the distribution board and for each supply (normal and emergency) as annexes to this report.

Carry out all the tests for the main distribution board. Also conduct all tests and complete copies of the tests for each distribution board and for each supply (normal and alternative supplies), and attach as annexes to this report.

Readings / Results	
Calibration	New / altered /

[illegible]

NOTE — For existing installations, complete only 5.4. For new/alterd/temporary installations, if no signature appears in 5.1 to 5.3 the signatory of 5.4 takes responsibility. Where there are five or more installations on the same supply, a competent person signs 5.5.

For the DESIGN of the installation:

NAME (in block letters): _____ POSITION: _____

.....

Profession Registration No. (where applicable) _____ Date: _____

5.2 MATERIAL SPECIFICATION / PROCUREMENT (We being the person(s) responsible for the MATERIAL SPECIFICATION

PROCUREMENT for the electrical installation, particulars of which are described in section 3 of this form, CERTIFY that the equipment that

For the MATERIAL SPECIFICATION / PROCUREMENT:

Name (in block letters): _____ Position: _____

For and on behalf of: _____ Address: _____

Signature: _____

Date:/...../.....

For the CONSTRUCTION of the installation:

8.4. $R = 1.4 \times 10^{-3} \text{ s}^{-1}$

For and on behalf of contractor: _____

Signature: _____ Date: _____

 (for installation work performed since the publication of this part of SANS 10142), compliance with this standard or

☐ (for an installation that existed before the publication of this part of SANS 10142) that the installation complies with the general safety

The extent of my liability is limited to the installation described in section 2 of this form.

XXXXXXXXXXXX

(in block letters) _____

Signature: _____ Date: _____

5.5 COMPLIANCE OF INSTALLATION FROM COMMENCEMENT TO COMMISSIONING

being the person responsible to ensure that the electrical installation, particulars of which are described in section 3 of this form and which is one of five or more installations on the same supply, CERTIFY that the installation was done in accordance with SANS 10142-1.

[illegible]

<input type="checkbox"/> A professionally registered person	Category of professional registration:	Registration No.:
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Signature: _____

Date:

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