

Statement of Conformity with AS/NZS 3003:2018

Patient Area Classification: <input type="checkbox"/> Cardiac-protected electrical area <input type="checkbox"/> Body-protected electrical area	Work Type: <input type="checkbox"/> New patient area <input type="checkbox"/> Alteration or addition to electrical installation <input type="checkbox"/> Repair to electrical installation
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Institution:

Address:

Location:

Description of electrical work:

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Date completed: Date of statement:

I, the licensed electrical installation worker, who carried out the work described above, states that:

- The work has passed all the required tests and conforms in all respects with the current edition of AS/NZS 3000, including mechanical protection of unprotected sub-circuits. Yes No N/A
- The work has followed a formal specification prepared by or on behalf of the health care institution or practice. Yes No N/A
- I/We have discussed the number of socket-outlets required with the medical or nursing personnel who will be responsible for work in each area and verified the likely loading on each circuit. Yes No N/A
- (Not Applicable if socket-outlets are protected by RCDs, not isolated-supplies)
I/We have verified that the isolation transformer, line isolation monitor and overload monitor comply with AS/NZS 4510. Yes No N/A
- I/We are in possession of manufacturers' statement(s) of compliance or have otherwise verified that each ELV supply conforms with a suitable standard ensuring double insulation from LV supplies. Yes No N/A

Name:

Company:

Address:

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Signed: Electrical licence number: