



In accordance with the Rules of the Board; see instructions in the current Teaching Guidelines.

EW Number

PERSONAL DETAILS

Candidate's Name

Appliance Description

Class I

Class II

Training Provider appliance ID number

Date

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Important Warnings

- Do not dismantle or remove any terminal covers to perform the visual inspection or tests using instruments.
- Any electrical fittings attached to any flexible cord associated with the appliance are not to be dismantled.
- Electrical faults (if any) that may exist are to be identified by visual inspection or by using test instruments only.

Safety inspection, testing and tagging is being done in accordance with: (tick appropriate Standard/s)

AS/NZS 3760

AS/NZS 5761

AS/NZS 5762

AS/NZS 4701

1. VISUAL EXAMINATION (sight and mechanical check)

List and comment on any faults or defects found

2. PROTECTIVE EARTH CONDUCTOR

a. State type of test instrument used and range selected

b. Test results in ohms

c. Is this result satisfactory? Yes No State reason to support your answer:

3A. INSULATION RESISTANCE TESTS (with appliance switch on)

a. State type of test instrument used and range selected

b. Phase to protective earth conductor result

c. Neutral to protective earth conductor result

d. Are the above insulation tests satisfactory? Yes No State reason to support your answer:

3B. INSULATION RESISTANCE (current leakage test) AS/NZS 3760

a. Current flowing in protective earth conductor

b. Is this result satisfactory? Yes No State reason to support your answer:

4. CONTINUITY TEST

a. State type of test instrument used and scale selected

b. Close the circuit and record the phase to neutral resistance at the plug top

c. Compare your test results against the name plate power rating (when appropriate)

d. Does this test result raise any issues or concerns? Yes No

Provide details:

e. Is this appliance safe to connect and use on the electricity supply? Yes No

State a reason/s to support your answer:

5. APPLIANCE TAGGING

a. Review all of the test results and your comments above

b. Is the appliance compliant and is it safe to use? Yes No

c. Complete and affix an appropriate Tag to the appliance supply lead

Candidate's signature

Date

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6. FOR TRAINING PROVIDER TO COMPLETE

a. Assessor's observations and comments:

b. Skill assessment results: Competent Not competent

Assessor's signature

Date

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