

SITE Nº \_\_\_\_\_\_\_\_\_\_\_\_\_

SYSTEM Nº\_\_\_\_\_\_\_\_\_\_\_\_\_

 LOCATION \_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-Site Inspection Form

WORK AUTHORISED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TIME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DETAILS OF CALL: Y N

 RISK OF ELECTRIC SHOCK:

 DAMAGE TO PROPERTY:

 ROOM TEMP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FAULT CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 POWER SUPPLY RESET?

 SYSTEM ISOLATOR SWITCHED OFF?

Y N

ADDITIONAL INFO: Y N SITE INFO:

Dripping Water?

Unit Tripping Circuit?

Noises From Unit?

Fans Blowing Air?

Roof Work Required?

Occupied Space?

Working At Height?

After Hours Access?