

SCHEDULE 2

FORM 5 (Reg.10) HEALTH ACT 1911 395 Fitzgerald Street, Northam PO Box 613, Northam WA 6401 T: (08) 9622 6100 F: (08) 9622 1910

HEALTH (PUBLIC BUILDINGS) REGULATIONS 1992

CERTIFICATE OF ELECTRICAL COMPLIANCE

TO:	Shire of Northam PO Box 613 NORTHAM WA 6401	DATE:
unde		c light and/or power – installation, alteration, addition – at the as been carried out in accordance with the Health (Public
Full	Name of Occupier:	
DE	TAILS OF BUILDING	
Nam	ne:	
Add	ress:	
Sub	urb:	Post Code:
PAF	RTICULARS OF INSTALLAT	TION
Des	cribe any electrical work for v	which you are not responsible in these premises:
	ature of licensed electrical co	ntractor or electrical worker authorised to sign on behalf of the
	NATURE: X	Date
	ractor's/in-house Electrical	
Busi	iness Name:	
Reg	istration No.	
Add	ress:	
Pho	ne No.	Fax No.
Mob	vile:	email

THIS FORM IS TO BE FORWARDED TO THE SHIRE OF NORTHAM WHEN WORK IS COMPLETED.