

PORTABLE APPLIANCE TESTING CONFIRMATION



Dear Customer,

To ensure we provide you with the service you require, and to update our database, please take the time to complete/amend and return this work order (by fax, post, e-mail or to engineer on site).

1. For our database:

Establishment

Address

..... Post Code

Telephone number Fax number (if applicable)

E-mail address

Contact name(s) position

..... position

..... position

2. Service details for this P.A.T. inspection

Name of person authorising P.A.T. inspection & Test

Agreed start date for inspection 2010

Level of service required (please circle) **Eco** **Extra** ↑ **Elite** ↑

Please state any special arrangements required to the testing regime (e.g. ICT suite is 2 months old – do not test.

Residents in rooms 6 & 34 are unwell – do not enter)

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As part of our commitment to high quality service, we use mobile testing equipment. You therefore do not need to gather all your portable appliances in one place. However, in searching for appliances, we do look in cupboards and drawers. If you **do not** want us to search for appliances in this way, please cross in the box(es) below, and make appropriate arrangements for the testing of any hidden appliances whilst an engineer is on site.

Do not look in cupboards↑ **Do not look in drawers**↑

We have designed our 'Planned Maintenance Programme for the Inspection & Test of In-Service Electrical Equipment' to comply with current recommendations & regulations as explained in detail in our information sheets & Method Statement. You may have your own approved programme which you wish us to follow instead of ours.

Please tick the appropriate box below

Use Scientia's programme of Inspection & Test

Use programme of own design **details of own programme you have asked us to follow**

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I confirm that I have read and retained a copy of Scientia Services Ltd. method statement & risk assessment

Authorisation Signature Date 2010 Official order number