

EIV INSPECTION REQUEST



**ELECTRICAL
INSPECTIONS
VICTORIA**

Experience
Service
Reliability

Licensed Electrical
Inspectors & consultants
ABN 35 083 617 038

Fax to 9728 6617

or

inspections@eivic.com.au

INSPECTION REQUIRED:

DATE: _____

TRUCK APPOINTMENT

ACCESS

TIME: _____

REC REQUESTED

ADVICE

IN TRUCK APPOINTMENT BOOK
(Office use only)

REC DETAILS:

MOBILE Ph:

ADDRESS OF INSTALLATION:

NOTES/ACCESS:

GENERATOR HAZARDOUS CERTIFICATE IN MAIL TO EIV
SOLAR/RAPS HV LEAVE CUSTOMER COPY OF CERTIFICATE
MEDICAL FENCE LEAVE CES ON SITE FOR FUTURE T/APT
Switchboard: External Internal (REC TO ORGANISE ACCESS)

Access Contact Name & Number _____

FAX TO: TRU OTHER _____
AGL
ORIGIN

CES LOCATION

IN OFFICE ON SITE
IN MAIL TO EIV OTHER
(Please specify)

INSPECTED BY:
(Office use only)