

03300 539 339



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# INSPECTION AND TEST RECORD SHEET FOR BASIC UNITS

<b>SHEET NUMBER</b>		<b>SITE / LOCATION</b>	
<b>INSTALLATION DATE</b>		<b>ENGINEER</b>	<b>SIGN</b>
<b>COMMISSIONING DATE</b>		<b>ENGINEER</b>	<b>SIGN</b>

Test Types:

C = Commissioning and Verification Test

M = Month Test (BS EN 50172) Short Function Test

A = Annual Test (BS EN 50172) Full Rate Duration Test

DATE OF TEST	TEST TYPE	RESULT – TEST PASSED NO ACTION REQUIRED	RESULT – TEST FAILED NEED FOR REPAIR OF SYSTEM NOTIFIED	NEED FOR SAFEGUARDING OF PREMISES NOTIFIED
		NAME	NAME	NAME
	C			
	M – 1st Month			
	M – 2st Month			
	M – 3st Month			
	M – 4st Month			
	M – 5st Month			
	M – 6st Month			
	M – 7st Month			
	M – 8st Month			
	M – 9st Month			
	M – 10st Month			
	M – 11st Month			
	A – _____ Year			
	M – 1st Month			
	M – 2st Month			
	M – 3st Month			
	M – 4st Month			
	M – 5st Month			
	M – 6st Month			
	M – 7st Month			
	M – 8st Month			
	M – 9st Month			
	M – 10st Month			
	M – 11st Month			
	A – _____ Year			
	M – 1st Month			
	M – 2st Month			
	M – 3st Month			
	M – 4st Month			
	M – 5st Month			
	M – 6st Month			
	M – 7st Month			
	M – 8st Month			
	M – 9st Month			
	M – 10st Month			
	M – 11st Month			
	A – _____ Year			