

Your Company name

Power on Request

Contract name

Circuit No : _____

Circuit Name: _____

Requested by _____

Contact number _____

Required date _____

Electrical installation completed by _____

Electrical contractor _____

DOL Number _____

Responsible person _____

Contact number _____

I, _____, declare the premises electrically safe and take full responsibility for any incidents while in the process of testing

I understand that the power is to be switched on for a period of 24hrs for testing purposes and a COC needs to be handed to *your company name* .

If a valid COC is not received by *your company name* within 24 Hrs the power to the installation will be isolated

Received by _____

Date _____

Time _____

Signed _____

Witness by _____

Signed _____