Newfoundland Labrador

Government Services

ELECTRICAL CONTRACTOR REPRESENTATIVE INSPECTION REPORT

Regional Offices

St. John's	(709) 729-2498
Harbour Grace	(709) 945-3107
Clarenville	(709) 466-4060
Gander	(709) 256-1420
Grand Falls-Windsor	(709) 292-4206
Corner Brook	(709) 637-2369
Happy Valley/ Goose Bay	(709) 896-5428

Please **Print** Clearly

1

Contractor	Contractor's Registration Number	Code
Permit Number	Owner	
Address (Location of Job Site)		

2

Installation Information **Please note: this report will not be processed unless it is fully completed**

SIZE OF SERVICE

AMP _____ PHASE _____ VOLTAGE _____

DETAILS (NUMBER AND SIZE OF BREAKERS FOR EACH PANEL)

PLEASE ANSWER YES OR NO TO THE FOLLOWING:

IS ROUGH WIRE 100% COMPLETE?	IS SERVICE 100% COMPLETE?
IS CONNECTION REQUIRED?	IS INSTALLATION 100% COMPLETE?

IF NO TO ANY OF THE ABOVE, PLEASE PROVIDE ESTIMATED COMPLETION DATE AND/OR REASON FOR REPORT

TYPE OF GROUNDING AND WIRE SIZE

3

I certify, on behalf of _____, that the foregoing information is accurate in every respect and that the installation referenced above conforms in all aspects to the requirements of the Canadian Electrical Code and the Electrical Regulations.

_____

NAME OF REPRESENTATIVE (PLEASE PRINT)

_____ _____

SIGNATURE OF REPRESENTATIVE DATE

02-01_60-101-a_2008-11