SCOTS

Electrical Inspection and Test Certificate DCC3

All entries recorded on this sheet to be determined by measurement. All instruments must bear a current calibration label.

Date of Test

Instruments to be used	**Date when last calibrated**
Voltmeter 240/425V	
Ammeter 0-50am	
Megger 1000V	
Loop Impedence Meter	
Prospective Short Circuit Tester	

Control Pillar

Installation de-energised (with all fuse carriers removed)

Continuity of Protective Conductors

(R1 + R2)

Circuit 1	
Circuit 2	
Circuit 3	
Circuit 4	

Polarity

Mark ✔ *for Correct or* ✘ *for Incorrect*

Circuit 1	
Circuit 2	
Circuit 3	
Circuit 4	

Insulation Resistance

(Remove neutral conductor form PME system)

Circuit 1	P-N		MΩ
	P-E		MΩ
	N-E		MΩ
Circuit 2	P-N		MΩ
	P-E		MΩ
	N-E		MΩ
Circuit 3	P-N		MΩ
	P-E		MΩ
	N-E		MΩ

Insulation Resistance - Column Wiring

(Random, Private Developments Only)

Circuit 1	Column No		
	P-E		MΩ
	N-E		MΩ
Circuit 2	Column No		
	P-E		MΩ
	N-E		MΩ
Circuit 3	Column No		
	P-E		MΩ
	N-E		MΩ

Circuit 4	P-N		MΩ
	P-E		MΩ
	N-E		MΩ

Circuit 4	Column No		
	P-E		MΩ
	N-E		MΩ

Electrical Inspection

Mark ✔ for Satisfactory or ✘ for Unsatisfactory.

	During Election	On Completion
Correct termination of cables in the cut out, lantern and control gear		☐
Circuit conductors identified correctly	☐	☐
Conductor size correct for normal operation (or as specified)	☐	☐
Single pole switch or fuse in the phase conductor only		☐
Outer contact of ES lampholder is connected to the Neutral conductor		☐
Method of Protection Against Direct Contact		
Insulation of live parts		☐
Barrier or enclosure		☐
Out of reach (overhead lines only)	☐	☐
Method of Protection Against Indirect Contact		
Presence of Protective Conductors		☐
Presence of main equipotential bonding conductor		☐
Presence of supplementary equipotential bonding conductor (including doors of steel columns but excluding that of concrete columns)		☐
Presence of Method of local isolation		☐
Fuse ratings correctly rated for their purpose		☐
Labelling in control pillar of isolators and fuses		☐
Prevention of mutual detrimental influence. Proximity of non-electrical services (fences or safety barriers etc)	☐	☐
Selection of equipment and protective measures appropriate to external influences	☐	☐
Adequate access to street furniture	☐	☐
Presence of danger notices or other warning policies		☐
Presence of circuit diagrams enclosed within control pillars		☐
Installation method of cables	☐	
Deviation from the materials listed in the specification	☐	☐
Other		☐

Electrical Tests

Instruments to be used
(Measurements taken under load at cut-out incoming terminal)

Voltage at Origin		V
Loop Impedance ot Origin		KA
Prospective Short Circuit Current at Origin		Ω
Number of Phases		Ω

Voltage at End of Circuit

Circuit 1		V
Circuit 2		V
Circuit 3		V
Circuit 4		V

Loop Impedence at End of Circuit

Circuit 1		Ω
Circuit 2		Ω
Circuit 3		Ω
Circuit 4		Ω

Prospective Short Circuit Current at End of Circuit

Circuit 1		KA
Circuit 2		KA
Circuit 3		KA
Circuit 4		KA

Measured Load

Circuit 1		A
Circuit 2		A
Circuit 3		A
Circuit 4		A

I/We being the person(s) responsible (as indicated by my/our signatures below) for the inspection and test of the street lighting and associated electrical installation, particulars of which are described on the attached appendices of this form **certify** that the said work for which I/we have been responsible is to the best of my/our knowledge and belief in accordance with the local authority's current specification for the installation of road lighting and the Regulations for Electrical Installations published by the Institution of Electrical Engineers, 16th Edition, except for the departures, if any, stated in this certificate.

The extent of liability of the signatory is limited to the work described above as the subject of this certificate.

Name *(Installer in block letters)* | **Position**

Company

Signature | **Date**

Address

Tel

For and on behalf of

Official Use Only

Remedial Work Required
(Street Lighting Manager)

Checked by:

Name _____

Position _____ *Date* _____

Certificate Number _____

Remedial Work Completed

Name _____

Position _____ *Date* _____

Retest after an interval of <= 6 years. Visually inspect at an interval of <= 3 years.