PO Box 614 Kununurra 6743

20 Coolibah Drive KUNUNURRA Koolama Street WYNDHAM

## **Certificate of Electrical Compliance**

Health Act 1911 (Reg. 10) and Health (Public Building) Regulations 1992

Signature of Electrical Contractor or Authorised Person

Date / /				T   9168 4100 F   9168 1798 E   mail@swek.wa.gov.au W   www.swek.wa.gov.au
To the Shire of Wyndham East Kimberley,  8.00am - 4.00pm MON - FR				
I hereby certify that the electric light and/or power installation, alteration, addition at the under mentioned premise/event has been carried out in accordance with the <i>Health (Public Building) Regulations 1992.</i>				
Name and Initial of Occupier:				
Name of event	NO/LVENT			
Name of building				
Addess				
2. ELECTRICAL CONTI	RACTORS DETAILS			
Address				
Phone		Mobile		
3. PARTICULARS OF INSTALLATION				
Describe the electrical work for which you are responsible for				
Is there any work you are not responsible for?				

This form is to be forwarded to Shire of Wyndham East Kimberley on completion of work.

Date