Maintenance Services - safety check of temporary electrical installation

If required, please complete this form and send it to Estates & Facilities Maintenance (E&F Building, or email as an attachment to fm-help@reading.ac.uk with a request to forward to E&F Maintenance).

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| **Event name** |  |
| **Event date** |  |
| **Event location** |  |
| **Event Organiser Name** |  |
| **Contact details** (phone and email) |  |
| **Event Safety Co-ordinator**  |  |
| **Contact details** (phone and email) |  |

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| **What electrical equipment do you intend to use?** |  |
| **Where do you wish to install it?** |  |
| **If using portable electrical equipment (items with a plug), has this been formally inspected and tested (PAT tested)?** | Yes/NoIf Yes, can you provide PAT testing records if requested to do so? Yes/NoIf No, have you visually checked the equipment for damage/ faults? Yes/No |
| **Does this involve using electrical equipment out-of-doors?**  | Yes/NoIf Yes, please provide further details of measures to provide adequate protection.   |
| **Does this involve voltages higher than the standard mains supply (240V)?** | Yes/NoIf Yes, please provide further details |
| **Do you require electrical services from the University e.g. temporary power supply** | Yes/NoIf yes, please provide further details |
| **Does the temporary installation involve electrical design or construction i.e. more than using portable electrical appliances?**  | Yes/NoIf Yes, please provide sufficient details, to enable the University Senior Authorised Person (Electrical) to assess the safety of the proposed temporary installation.  |