### FESTIVE LIGHTS TEST CERTIFICATE

(to be completed by authorised electrical contractor or other responsible qualified person)

Sheet number ….. of ….. Village/ Town …………………………………….

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| --- | --- | --- | --- |
| **Festive Light Unit** | **Visual Inspection of Condition** | **Electrical Safety Testing** | **Load** |
| Ref. No. | Description | Pass | Fail | Date | Pass | Fail | Date | (Watts) |
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I certify that I have tested the above equipment in accordance with the requirements of BS 7671 and that the information given is correct.

Signed: …………………………………………. Date: …………………. Details of qualification/competence to undertake testing:

Print Name: ……………………………….......... …………………………………………………………………………….

On behalf of: …………………………………………………………………… …………………………………………………………………………….