



Metering Installation Certification Report

Electrical Safety Certificate
EA approved Class B test-house



ICP Number:		Or Installation Number:	
Installation Address:		Consumer Name:	
Suburb:	City:	Network Company:	SR No:

Meter installed and/or left running	POSITION 1		POSITION 2		POSITION 3		POSITION 4	
Make								
Type								
Serial Number								
Installed or Left Running								
Number of Digits								
Reading 1		Tariff		Tariff		Tariff		Tariff
Reading 2		Tariff		Tariff		Tariff		Tariff
Compensation Factor								
Meter Owner								
Certification expiry date								
Modem Details (if applicable)								
Phone/data Number								
Aerial Details								
Control device installed or left running	Make:		Type:		Serial #:		Owner:	
	Switch in position: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/>		Channel number(s): <input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3					
	<input type="radio"/> Control device complies with IEC 62054-11 & IEC 62054-21 (Enermet R03 complies)				Certification expiry date:			

Meter removed	POSITION 1		POSITION 2		POSITION 3		POSITION 4	
Make								
Type								
Serial Number								
Number of Digits								
Reading 1		Tariff		Tariff		Tariff		Tariff
Reading 2		Tariff		Tariff		Tariff		Tariff
Meter Owner								
Reason for Removal								
Scrapped or Returned								
Control device removed	Make:		Type:		Serial #:		Owner:	
	Reason for Removal:						Scrapped or Returned:	

Installation Certification

CHECKS DONE

- Wiring check completed
- Equipment orientation correct
- Links, screws etc tight
- Supply polarity correct
- All certification stickers attached
- All seals applied
- Control device likely to receive control signals
- All metering components fit for purpose
- Shunt neutral connected
- All meters calibrated & certified
- Metering installation functions in accordance with the design report & complies with Schedule 10.7, Part 10 of Electricity Industry Participation Code

LOAD TEST (raw meter data & register advance check)

	Load check	Register advance
Meter 1	<input type="radio"/>	<input type="radio"/>
Meter 2	<input type="radio"/>	<input type="radio"/>
Meter 3	<input type="radio"/>	<input type="radio"/>
Meter 4	<input type="radio"/>	<input type="radio"/>

METERING TYPE

- NHH (non half-hourly)
- HHR (half-hourly)
- AMI (advanced metering infrastructure)

SITE STATUS

- Energised
- Not energised

Number of phases:

Supply fuse:

Meter category:

Service Access Interface:

Maximum interrogation cycle:

Design report drawing:

Purpose of visit:

Please specify meter board location, aerial location, signal strength and any hazards on site (e.g. dog, slippery deck, etc.)

I certify that this metering installation is connected to a power supply and safe to use, all metering components comply with the Electricity Industry Participation Code

Name:		
Registration/Practicing Licence Number:		
Sealing Tool Number:		
Certification Date:		Certification Expiry Date:
Removal Date: <small>(Displaced equipment only)</small>		Category 1 certification period: 15 years (≤160A)
Signature:		