

Job Assessment: Ceiling bulk insulation



Installer Name:

Installer Accreditation Number:

Installation Date:

Property Address:

Working For (company):

	Yes	No	Comments
What Material did you use & does it meet AS/NZS 4859.1?			
Was the Power off and locked out and tagged for duration of install?			<i>Please provide photo</i>
Was all waste from the job removed?			<i>Please provide photo of ceiling space at job completion</i>
Electrical hazards identified			
Downlight clearance satisfactory / fireproof enclosure present			<i>Please provide photo or sign that no downlights were present</i> <i>Sign:</i>
Electrical appliances clearance satisfactory			<i>Please provide photo or sign that no electrical appliances were present</i> <i>Sign:</i>
List all Wiring hazards present			
Show proof of Full coverage of ceiling including			
Under appliances and wiring			<i>Please provide photo</i>
Under walk boards			<i>Please provide photo</i>
General			
Has hanging tape been stapled to each truss?			<i>Please provide photo</i>

Job Assessment: Ceiling bulk insulation

Was external access required?			
Was a Warning sign installed if the roof space if recessed luminaires are installed?			<i>If yes, Please provide photo</i>
General Safety			
What procedure did you use to turn off the power?			
What are the signs of heat stress on days of high temperatures?			
What PPE was used and why?			
Are you aware of AS3999?			
Does the installation comply with AS3999?			

Declarations

Confirm each item by ticking the checkbox, then complete and sign the declaration.
I represent and warrant that

- All information contained in and attached to this form is correct and not misleading by inclusion or omission;
- The above installation complies with AS3999

Installer Signature: _____

Date: ___/___/___