

Job Assessment: Floor 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 job upon completion</i>
Electrical hazards identified	Yes	No	Comments
All fixing devices non-conductive			
All tools non-conductive			
Full coverage of Floor including			
Around services (pipes, wires, etc.)			<i>Please provide photo</i>
General			
Batts kept required distance from heat emitting devices			<i>Please provide photo</i>
Was any extra support(e.g. cross- strapping) required, as per manufactures instructions?			<i>Please provide photo</i>
General questions for the installer			
What procedure did you use to turn off the power?			
Prior to work was clearances and crawl space checked?			

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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: ___/___/___