

Job Assessment: Wall 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			
All fixing devices were non-conductive			
All tools were non-conductive			
List all Wiring Hazards			
Show Full coverage of Wall including			
Obstructions and services (pipes, wires, etc.)			<i>Please provide photo</i>
General			
Batts doesn't protrude past stud surface area			<i>Please provide photo</i>
Batts mechanically held in if required			<i>Please provide photo</i>
General questions for the installer			
What procedure did you use to turn off the power?			

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How were the batts cut to size?	
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: ___/___/___