

QUU ASSET ID / PLANT No.:		DATE :	
SITE ADDRESS:		QUU WORK ORDER:	

Outcome / Purpose – To ensure that all portable, electrical appliances (excluding tools, operational plant and equipment) in the workplace are electrically safe for continued use.

TASKS

Note: Portable, electrical appliances are within the workplace, lunchrooms, Control Room and exclude all tools, operational plant and equipment

- Pre-Notification** – Notify the on-site QUU Site Manager/Operator, 7 days in advance to carrying out the works to ensure all portable appliances are present during testing.
- Notify QUU**– Notify the on-site QUU Operator / Control Room of arrival on site and sign in as per the site requirements.
- Competent Person** – All visual inspection and physical testing of portable, electrical appliances in the workplace shall be undertaken by a an appropriately trained person who is licenced, qualified and experienced in undertaking inspecting and testing portable electrical appliances in accordance with AS3760-2010 and all other relevant Queensland and Australian legislation, standards and/or codes?.
- Inspect and Test all Portable, Electrical Appliances (excluding tools, operation plant & equipment)** – Inspect and test all in-service portable, electrical appliances in accordance AS3760-2010 and all other Queensland and Australian Legislation, Standards and Codes.
- Tag all tested Portable, Electrical Appliances** – Following inspection and testing Tag all Compliant and Non-Complaint portable, electrical appliances as per AS/NZS 3760-2010:
 - Non- Compliant Portable Electrical Appliance** - Following inspection and testing, all Non-compliant Portable, Electrical Appliances that functionally fails or is found to be faulty shall have the plug end cut off and the appliance labelled with an “Out of Service” tag and a PAT tag and the on-site QUU site Manager notified.
 - Compliant Portable Electrical Appliance** – Following inspection and testing, compliant equipment shall be fitted with a durable, non-reusable, non-metallic tag in accordance with AS/NSZ 3760:2010 Section 2.4.2.1, and placed back into service.
- Record all Portable, Electrical Appliances Inspected and Tested** – Record details of all portable, electrical appliances on site in the table provided in this Form and identify whether each appliance is Compliant or Non-Compliant with the requirements of AS3760-2010. Alternatively an automatically generated Register can be supplied and appended to this Form provided that the information supplied is complete and includes the minimum information specified in the table of this form.
- Portable, Electrical Appliance Test and Tag Form** – Complete this form in full.
- Third Party Reports/Checklists** – All third party Technician Reports/Check sheets shall be appended to this Form and become part of this completed Form.
- Photos** – Provide photos of the following:
 - Every portable, electrical appliance inspected, tested and tagged.
 - A photo of each appliance that fails the inspection and testing requirements of AS3760-2010. Photos shall be provided showing the failed items as tagged “Out of Service” or equivalent.
- Notify QUU**– Notify the on-site QUU Operator / Control Room that the works are complete, sign-off (if applicable) and leave site.

PORTABLE, ELECTRICAL APPLIANCES – INSPECT & TEST	Yes	No	N/A
1. Inspect and test portable, electrical appliances – Were all in-service, portable, electrical appliances inspected and tested in accordance AS3760-2010 and all other Queensland and Australian Legislation, Standards and Codes.			
2. Non-Compliant Appliances – Have all portable, electrical appliances found to be Non-Compliant with AS3760-2010 been labelled with an “Out of Service” tag and a PAT tag and had the plug cut and removed?			
3. Compliant Appliances – Have all portable, electrical appliances found to be Compliant with AS3760-2010 been tagged in Accordance with AS3760-2010 Section 2.4.2.1 and returned to service?			

[illegible]

ADDITIONAL CORRECTIVE WORKS		Yes	No	N/A
6. Are any additional Corrective Works required to rectify any Critical or, Non-Critical Defects, Non-Conformance or Recommendations?				
<p>Corrective Works Required/ Quantities /Additional Comments</p> <p>Use the space below to provide full details of all corrective works required including quantities. Photos shall be provided for each item identified as needing corrective works including all Non-Compliances and Recommendations:</p> 				
<p>CORRECTIVE WORK PRIORITY</p> <p>Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/></p>				

Inspected by (Print Name):	Date:
Qualifications / License No.	
Signed:	Date: