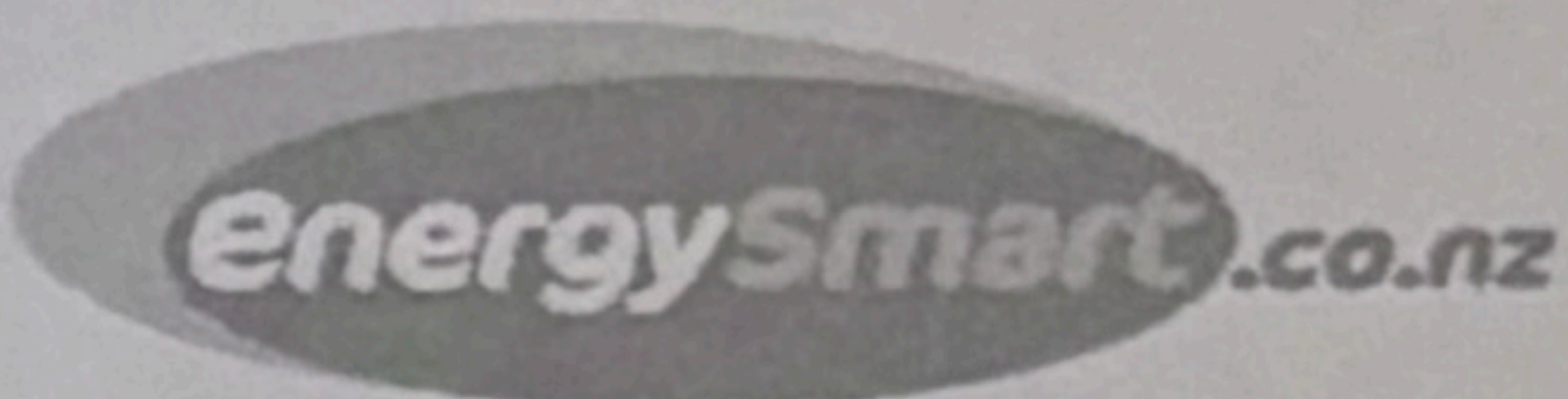


Compliance Certificate



Your Home Insulation Experts

Job Ref: 107052

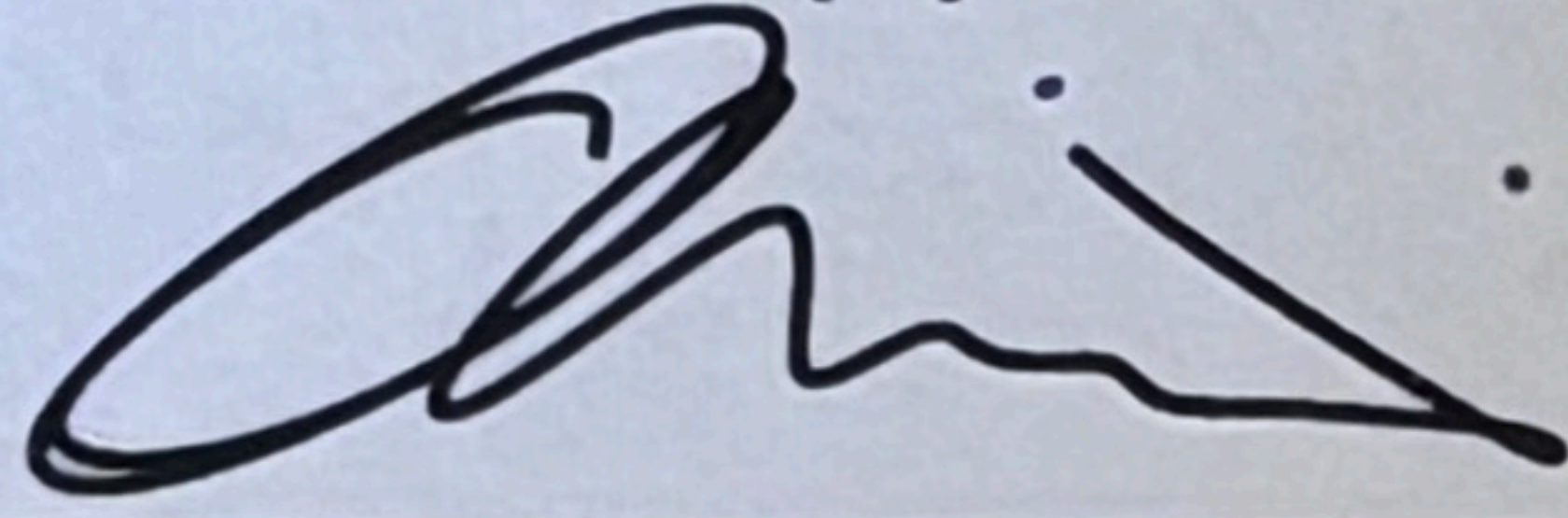
Agency Name:

| | |
|------------------|-------------------------------------|
| Property Address | 127 Linton Street, Palmerston North |
| Owner/s Name | Graham Montford |

Smoke Alarms

| | |
|--|--|
| House assessed to require a total number of smoke alarms | |
| Pre-existing and compliant smoke alarms | |
| Number of long life smoke alarms installed at assessment | |
| Number of alarms still required to meet regulations | |

I, Julian Sinclair hereby certify at the time of assessment this property
☐ complies ☐ does not comply with the requirements of the Residential Tenancy Act for **SMOKE ALARMS**

SIGNATURE  DATE

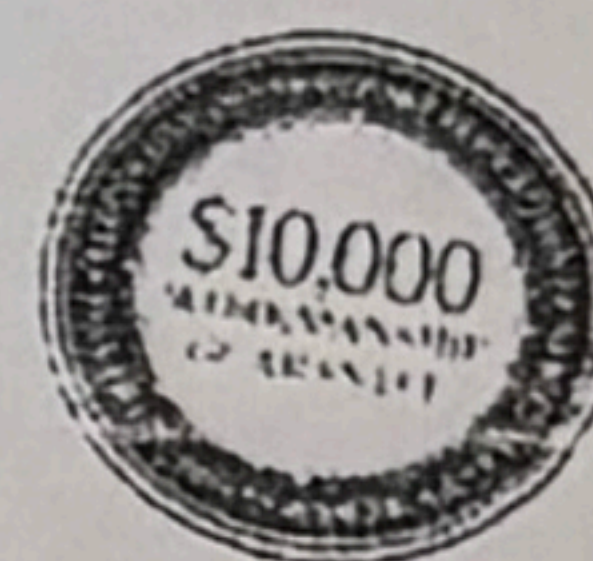
Pre-existing Insulation

| | | |
|----------------|-------------------------|--|
| Ceiling | Exception: | <input type="checkbox"/> Ceiling space is too low <input type="checkbox"/> Ceiling membrane installed <input type="checkbox"/> Foil is attached to roof underlay <input type="checkbox"/> Foil is attached as ceiling lining |
| | Access: | <input type="checkbox"/> Inaccessible Exempt <input type="checkbox"/> Inaccessible Access Needed <input checked="" type="checkbox"/> Accessible <input type="checkbox"/> Partly accessible |
| | Type: | <input type="checkbox"/> None <input checked="" type="checkbox"/> Fibreglass <input type="checkbox"/> Polyester <input type="checkbox"/> Wool Blend <input type="checkbox"/> Macerated paper <input type="checkbox"/> Vermiculite <input type="checkbox"/> Loose fill mineral wool <input type="checkbox"/> Other <u> </u> |
| | Condition & Compliance: | <input type="checkbox"/> Requires insulating (0 to 70mm in places) <input type="checkbox"/> Meets minimum requirements for thickness (70mm+) requires the following remedial work to comply with requirements <input type="checkbox"/> Complies with minimum requirements for <u>NZS 4246</u> installation and thickness (75mm to 120mm in places), recommend top up to meet building code <input checked="" type="checkbox"/> Complies with insulation requirements <u>NZS 4246</u> installation and has 120mm+ |
| External walls | | <input type="checkbox"/> Not insulated <input type="checkbox"/> Inaccessible <input type="checkbox"/> Partially insulate <input type="checkbox"/> Substantially Insulated |
| Underfloor | Access: | <input type="checkbox"/> Accessible <input type="checkbox"/> Partly accessible <input type="checkbox"/> Concrete Pad (Exempt) <input checked="" type="checkbox"/> Too Low (Exempt) <input type="checkbox"/> Inaccessible Exempt <input type="checkbox"/> Inaccessible Access Needed |
| | Type: | <input type="checkbox"/> None <input type="checkbox"/> Polyester <input type="checkbox"/> Polystyrene <input type="checkbox"/> Fibreglass <input type="checkbox"/> Foil <input type="checkbox"/> Wool Blend |
| | Condition & Compliance: | <input type="checkbox"/> No underfloor insulation installed (requires insulating) <input type="checkbox"/> Underfloor insulation is either damaged, ripped or has gaps (requires reinsulating) <input type="checkbox"/> Foil insulation installed to standard (recommend reinsulating with bulk insulation) <input type="checkbox"/> Bulk underfloor complies with requirements and <u>NZS 4246</u> installation |

I, Julian Sinclair hereby certify at the time of assessment this property ☒ complies ☐ does not comply with the requirements of the Residential Tenancy Act for **INSULATION-REQUIREMENTS**

SIGNATURE  DATE 13th Oct 2017

Certificate of Compliance for Prescribed Electrical Work



C 007690

Customer Name:

A Alvarez

Reference / Job / ID

Location of Installation:

627 Linton Street
Palmerston North

ICP Number (if known)

Description of work: (or see attached ☐)

Rewire old Conduit Cables
Lights, Bedrooms 3x, Kitchen, Lounge, Dining
Room, install P/Point wiring 1st wall
Front Bedroom, w.c 1x, new P/Point
Lounge, Third existing P/Points Bedroom 3
Fit new surface mcb Board, fit new RCD's
and mcb's to Touched Circuits

This work has been carried out in accordance with a Certified Design ☐

Certified Design Attached ☐

Name of Issuer of Certified Design: _____

Supplier Declarations of Conformity Attached: ☐ (please attach or list web address below)

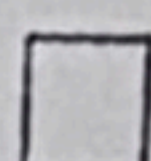
Manufacturers Instructions used or relied on in this work: ☐ (please attach or list web address below)

All parts of the installation are safe to connect to a power supply
If not, please detail which parts are safe to connect.



This work is:

Low Risk
(Certificate of Compliance not required)

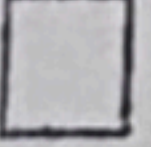


General



High Risk

(Record of Inspection required)



This work has been done in accordance with:

Part 2 of AS/NZS 3000

Part 1 of AS/NZS 3000

Supply system this work is suitable for:

230/400V MEN system ☐

Other (Please specify) ☐

Other Standards this work complies with: _____

Date on, or period in, which the work was done: _____

I confirm that I am satisfied that the work detailed in this Certificate of Compliance has been done lawfully and safely, and that the information contained in this certificate is correct and accurate.

This certificate is issued by:

Ray Ellmer

Registration No:

EL679

Signature:

[Signature]

Date:

27-12-13

Name and Registration Numbers of Workers Under Supervision Attached ☐