



ICP Number:		Date:	
Installation Address:		Consumer Name:	
Suburb:	City:	Network Company:	SR No:

Meter installed and/or left running	POSITION 1		POSITION 2		POSITION 3		POSITION 4	
Make								
Type								
Serial Number								
Installed or Left Running								
Number of Digits								
Reading 1		Tariff		Tariff		Tariff		Tariff
Reading 2		Tariff		Tariff		Tariff		Tariff
Compensation Factor								
Meter Owner								
Certification expiry date								
Modem Details (if applicable)								
Phone/data Number								
Aerial Details								
Control device installed or left running	Make:		Type:		Serial #:		Owner:	
	Switch in position: <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3		Channel number(s):		1		2	
	<input type="checkbox"/> Control device complies with IEC 62054-11 & IEC 62054-21 (Enermet RO3 complies)				Certification expiry date:			

Meter removed	POSITION 1		POSITION 2		POSITION 3		POSITION 4	
Make								
Type								
Serial Number								
Number of Digits								
Reading 1		Tariff		Tariff		Tariff		Tariff
Reading 2		Tariff		Tariff		Tariff		Tariff
Meter Owner								
Reason for Removal								
Scrapped or Returned								
Control device removed	Make:		Type:		Serial #:		Owner:	
	Reason for Removal:						Scrapped or Returned	

Installation Certification

<p><input checked="" type="checkbox"/> CHECKS DONE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wiring check completed <input type="checkbox"/> Equipment orientation correct <input type="checkbox"/> Links, screws etc tight <input type="checkbox"/> Supply polarity correct <input type="checkbox"/> All certification stickers attached <input type="checkbox"/> All seals applied <input type="checkbox"/> Control device likely to receive control signals <input type="checkbox"/> All metering components fit for purpose <input type="checkbox"/> Shunt neutral connected <input type="checkbox"/> All meters calibrated & certified <input type="checkbox"/> Metering installation functions in accordance with the design report & complies with Schedule 10.7, Part 10 of Electricity Industry Participation Code 	<p><input checked="" type="checkbox"/> LOAD TEST (raw meter data & register advance check)</p> <table border="1"> <thead> <tr> <th></th> <th>Load check</th> <th>Register advance</th> </tr> </thead> <tbody> <tr><td>Meter 1</td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Meter 2</td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Meter 3</td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr><td>Meter 4</td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </tbody> </table> <p><input checked="" type="checkbox"/> METERING TYPE</p> <ul style="list-style-type: none"> <input type="radio"/> NHH (non half-hourly) <input type="radio"/> HHR (half-hourly) <input type="radio"/> AMI (advanced metering infrastructure) 		Load check	Register advance	Meter 1	<input type="radio"/>	<input type="radio"/>	Meter 2	<input type="radio"/>	<input type="radio"/>	Meter 3	<input type="radio"/>	<input type="radio"/>	Meter 4	<input type="radio"/>	<input type="radio"/>	<p><input checked="" type="checkbox"/> SITE STATUS</p> <p>Date Energised: <input type="radio"/> Not energised <input type="radio"/> Energised</p> <p>Number of phases:</p> <p>Supply fuse:</p> <p>Meter category:</p> <p>Service Access Interface:</p> <p>Maximum interrogation cycle:</p> <p>Design report drawing:</p> <p>Meter Location:</p> <p>Aerial Location:</p> <p>Signal Strength:</p>
	Load check	Register advance															
Meter 1	<input type="radio"/>	<input type="radio"/>															
Meter 2	<input type="radio"/>	<input type="radio"/>															
Meter 3	<input type="radio"/>	<input type="radio"/>															
Meter 4	<input type="radio"/>	<input type="radio"/>															

Purpose of visit and hazards on site (e.g. dog, slippery deck, etc.)

I certify that this metering installation is connected to a power supply and safe to use, all metering components comply with the Electricity Industry Participation Code

Name:		
Registration/Practicing Licence Number:		
Sealing Tool Number:	COC Completed/ Signed	Signature:
Certification Date:	Certification Expiry Date:	
Completed/Removed Date:	Category 1 certification period: 15 years (≤160A)	

SUBMIT FORM