

For use with BS 7909, Code of practice for temporary electrical systems for entertainment and related purposes.

This Certificate summarises the individual completion certificates for each subsection of the temporary distribution described. It confirms that the temporary electrical system and its sub-systems associated with the event detailed below have been set-up, inspected and tested appropriately to ensure that they are safe and suitable for use. This form should be handed to the event manager. A copy should be available for the owner of the electrical supply which feeds the temporary system. It should be accompanied by the number of Completion Certificates and Schedules of Test Results as stated in row 1.5.

PART 1: DETAILS OF	- EVENI		
1.1 Event:		1.2 Venue name or location:	
			<u> </u>
Planned peroid of existance	ce of the event (1.3, 1.4):		1.3 Completion date:
1.5 Number of certificates attached:		1	.4 Planned removal date:
W- 12			
PART 2: SCHEDULE System Name	Person Responsible	Organisation	Certificate Reference
System Name	r erson responsible	Organisation	Cortineate Reference
	-		<b>—</b>
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PART 3: CONFIRMAT	TION		
As the senior person respon by this event.	sible (SPR), I confirm that the temporary electrical system,	as outlined in the schedule above	ve, are safe and suitable for the purposes required
Company / Trading As:		SPR Name:	
		For and on behalf of:	
~.		FOR ARGUM DERING OF:	
Signed:			Date:
PART 4: DISTRIBUTION			
SPR to retain a copy. Copy	y to be provided to the event manager. Other		
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