



CERTIFICATE OF FINAL ELECTRICAL INSPECTION/COMPLETION

THIS IS TO CERTIFY THAT FINAL INSPECTION OF THE ELECTRICAL INSTALLATION HAD BEEN CONDUCTED ON THE BUILDING AND/OR PREMISES COVERED BY BUILDING PERMIT NO. _____ ISSUED ON _____ AND THE SAME WERE FOUND COMPLETED IN ACCORDANCE WITH THE APPROVED SPECIFICATION ON FILE WITH THE OFFICE OF THE BUILDING OFFICIAL AND IN ACCORDANCE WITH PHILIPPINE ELECTRICAL CODE PROVISIONS.

NAME OF OWNER/APPLICANT		LAST NAME	FIRST NAME	MIDDLE NAME	TIN
ADDRESS	NO.	STREET	BARANGAY	CITY	CONTACT NUMBER:
LOCATION OF INSTALLATION	NO.	STREET	BARANGAY	CITY	
SCOPE OF WORK:					
<input type="checkbox"/> A. RESIDENTIAL <input type="checkbox"/> B. RESIDENTIAL, HOTEL, APARTMENT <input type="checkbox"/> C. EDUCATION & OTHERS(SPECIFY) _____ <input type="checkbox"/> D. INSTITUTIONAL		<input type="checkbox"/> E. BUSINESS & MERCANTILE <input type="checkbox"/> F. INDUSTRIAL <input type="checkbox"/> G. STORAGE & HAZARDOUS <input type="checkbox"/> H. ASSEMBLY OTHER THAN GROUP 1		<input type="checkbox"/> I. ASSEMBLY OCCUPANT LOAD 1000 OR MORE <input type="checkbox"/> J. ACCESSORY <input type="checkbox"/> K.	
START OF INSTALLATION _____			DATE OF COMPLETION _____		

OUTLETS/WIRING/ EQUIPMENT	
NUMBER OF OUTLETS: _____ LIGHT UNIT _____ CONVENIENCE / RECEPTACLE REPAIR _____ SPO, AIRCON _____ SPO, COOKING _____ SPO, WATER _____ SPO, WATER PUMP	NO. OF EQUIPMENT/WIRING DEVICES: _____ TOGGLE SWITCH _____ BELL/BUZZERS _____ PUSH BUTTON _____ FA DETECTORS _____ OTHERS(See Attendant List)

PERSON- IN-CHARGE OF INSTALLATION		
<input type="checkbox"/> PROFESSIONAL ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED ELECTRICAL ENGINEER	<input type="checkbox"/> REGISTERED MASTER ELECTRICIAN (Not exceeding 600 Volts & 600 KVA)
NAME	PRC. REG. NO.	Validity
ADDRESS	CONTACT NUMBER:	
PTR NO.	DATE ISSUED	PLACE ISSUED
SIGNATURE	DATE ISSUED	TIN

PERSON-IN-CHARGE OF INSTALLATION	
ADDRESS:	CONTACT NUMBER:

TYPE OF INSTALLATION: <input type="checkbox"/> TEMPORARY <input type="checkbox"/> CONCEALED CONDUIT WIRING <input type="checkbox"/> OPEN WIRE <input type="checkbox"/> NEW <input type="checkbox"/> SURFACES CONDUIT WIRING <input type="checkbox"/> OTHERS _____	<input type="checkbox"/> REMODEL/ALTERATION <input type="checkbox"/> CABLE <input type="checkbox"/> ARMORED CABLE <input type="checkbox"/> RACEWAYS
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INSPECTED BY: _____ RECOMMENDING APPROVAL: _____ APPROVED BY: _____

ELECTRICAL INSPECTOR (Signature Over Printed Name) ELECTRICAL ENGINEER OF THE BLDG. OFFICE (Signature Over Printed Name) BUILDING OFFICIAL (Signature Over Printed Name)

PRC. REG. NO. & VALIDITY _____ PRC. REG. NO. & AUTHORITY _____

AMOUNT PAID: _____ O.R. NO. _____ DATE: _____