

**PROJECT NAME & DETAILS**

<b>CHECK LIST FOR:</b>		<b>INSTALLATION OF LIGHTNING PROTECTION SYSTEM (TEST CERTIFICATE FOR EARTH PITS)</b>		Form No:
<b>SUBCONTRACTOR</b> <input checked="" type="checkbox"/>		<b>CONTRACTOR</b> <input type="checkbox"/>		Rev. No: 0
				Page : 1 of 1
<b>SECTION OF WORK:</b> Electrical		<b>LOCATION:</b>		
<b>LEVEL:</b>		<b>WIR No.:</b>		
Sr. No.	Earth Pit Tag No.	Readings in Ohms	Remarks	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

**Details of Instrument used :**

Model No :		Test Certificate No.:		Duration :	
Serial No :		Valid from :		Calibration Due :	
Test Equipment Type / Rating :					

<b>For S/C QA/QC:    Date:</b>	<b>FOR CONTRACTOR    Date:</b> <b>QA/QC:</b>	<b>For CONS. Rep.:    Date:</b>
<b>Name:                      Sign:</b>	<b>Name:                      Sign:</b>	<b>Name:                      Sign:</b>