ELECTRICAL SERVICES

Electrical Defect Report

Record of electrical defects and recommended rectification

DEFECT REPORT

Result: **Action req.**

Report no.: _____

SITE / BUILDING	ADDRESS	CLIENT	CONTRACT / JOB NO.
DATE OF SERVICE	**TECHNICIAN**	**LICENCE NO.**	**REPORT NO.**

1 Defect register

REF	LOCATION	DEFECT DESCRIPTION	SEVERITY	RECOMMENDED ACTION	PRIORITY

2 Severity key

Critical Immediate safety risk — isolate / make safe now

High Rectify promptly

Medium Rectify at next service

Low Monitor / minor

3 Photos & notes

ATTACH PHOTOS AND ADDITIONAL NOTES

✓ Defects, Notes & Sign-off

Outstanding defects / actions raised this visit:

TECHNICIAN NAME & SIGNATURE	LICENCE NO.	DATE COMPLETED

Guidance only. Defects identifying an **immediate danger** must be isolated and made safe immediately, and reported to the responsible person. All rectification must be carried out by a **licensed electrician** per **AS/NZS 3000**. This report records observations and recommendations only.