

ADIPS

Amusement Devices Inspection Procedures Scheme

Report of Electrical Thorough Examination

of an Amusement Device as required by
Fairgrounds and Amusement Parks – Guidance on Safe Practice" HSG 175

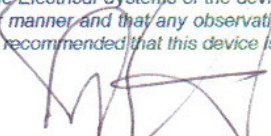
Controller/Owner:	B HERBERT	Report No:	1004205
Assn. Memb. No	W1920	Expiry Date:	16-4-2014
Address of Controller:	24 FAIRACRES COVENTRY ROAD LUTTERWORTH LE17 4FA	ADIPS ID No:	
Name of Device:	KIOSK NO 2	Assn. Machine Serial No.:	
Manufacturer:		No. of pages appended:	4
Generic Name:	KIOSK	<i>This report is not valid unless all pages indicated are present</i>	
Location of test:	AS ABOVE	Date of previous inspection:	01 ST MAY 2012
Source of supply:	MAINS	Details of previous inspection available:	Yes <input checked="" type="checkbox"/> Y No <input type="checkbox"/>
Device status:	In use: <input type="checkbox"/> Assembled <input checked="" type="checkbox"/> Y Dismantled <input type="checkbox"/> Power supply: None <input type="checkbox"/> Generator <input checked="" type="checkbox"/> Y External <input type="checkbox"/>	Brief description of device:	KIOSK CREAM
Limitations of inspection:	CABLES IN CONDUIT AND BEHIND FACIA NOT VISUALLY CHECKED. IR TESTS CARRIED OUT WHERE NO ELECTRONICS PRESENT. THIS INSPECTION AND TEST DOES NOT COVER ANY FORM OF CONTROL SOFTWARE		
General condition of the electrical systems:	SATISFACTORY		

External AC Supply	AC Generator Supply	DC Generator Supply	Transformer / Rectifier DC Supply	Earthing Arrangements
<input type="checkbox"/>	1-phase 2-wire <input type="checkbox"/>	2-pole unreferenced <input type="checkbox"/>	2-pole unreferenced <input type="checkbox"/>	TN-S <input type="checkbox"/>
1-phase 3-wire <input type="checkbox"/>	1-phase 3-wire <input checked="" type="checkbox"/> Y	2-pole referenced <input type="checkbox"/>	2-pole referenced <input type="checkbox"/>	TN-C-S <input checked="" type="checkbox"/> Y
3-phase 4-wire <input type="checkbox"/>	3-phase 4-wire <input type="checkbox"/>	3-pole referenced <input type="checkbox"/>	Measured ripple % or V <input type="checkbox"/>	TT <input type="checkbox"/>
3-phase 5-wire <input type="checkbox"/>	3-phase 5-wire <input type="checkbox"/>	Nominal Voltage (pole to pole) <input type="checkbox"/>	Nominal Voltage (pole to pole) <input type="checkbox"/>	IT <input type="checkbox"/>
Nominal Phase Voltage 230	Nominal Phase Voltage <input type="checkbox"/>	PSCC 0.23	External Earth Loop Impedance (Z _e Ω) (not IT) 1.02	
CSA of main supply cables (mm ²) 4			Main over-current protective device suitable for the rating of the main cable's current carrying capacity <input checked="" type="checkbox"/> Y	

The device is electrically safe and fit for use Y

The device is electrically unsafe and should not be used until the specified remedial actions are taken

I confirm that, on the date below, I completed a thorough examination of the above device with regard to safety of the Electrical Systems only. I have checked, in accordance with the Guidance that, unless noted herein, electrical aspects of the device have not deteriorated to an extent which are liable to cause danger. I am of the opinion that, at the time of the examination, and subject to any comments / recommendations made and as far as ascertainable the Electrical Systems of the device were satisfactory for use. This confirmation is subject to the device being used and maintained in a safe and proper manner and that any observations for remedial action are attended to in line with good practice prior to next use of the device or as specified. It is recommended that this device is inspected and tested after an interval of not more than 12 Months

Signed..... 

Date..... 16.4.2013

Print Name A.J. Bassett

Report issued by and on behalf of:
JBB Contract Services
3 Denny Cottages, Church Street
Langford Beds. SG18 9QT

Tel: 01462 701667 Mobile 07798 647084
ADIPS Registration No. 1307E04-0