

Compliance Statement for Main Switchboards Greater than 100 Amps

This statement is to be completed and signed by the relevant switchboard manufacturer, then submitted with main switchboard plans for all new and altered main switchboards that require the Distributor to inspect prior to energising.

Site Details				
Manufacturers Name:				Ph No:
Installer Electrical Contractor:				Mob Phone:
Site Address:				Job #
Switchboard Name:				
Drawing / Amendment numbers:				
Current Rating (Amps):	Form	Rating:		
Technical Specifications (all fields are Mandatory)				
1. Confirm AS/NSZ the Switcht	board is built to \Box AS	/NZS3439 series	or	□ AS/NZS61439 series
2. Does this switchboard comply with the current requirements of NSW Service & Installation Rules? (e.g. CT Isolator/compartment, number of main switches, safety services)				Yes / No
3. Has specific SPD grading information been provided by the Distributor?				Yes / No
If yes, grading curves to be provided				□ Attached
4. Is the switchboard indoor or outdoor?				Indoor / Outdoor
a. Is the IP rating suitable? (Note down IP rating)				Yes / No IP
b. IP Test Report Number				
5. Stated short circuit rating of switchboard				kA for 1 sec
- Or conditional rating				kA for 1 sec
a. Report Numbers				
6. If 800A or greater confirm that the form rating is 3bih or higher (Limitation of the harmful effects of a switchboard internal arcing fault Cl 2.5.5.3)				□ Attached
7. Size of Main Protective earth (to AS/NZS3000:2018, cl 5.3.3.1.3)				mm ²
a. Protective Earth Report Number				
8. Temperature Rise Verification (test or calculation)				
a. Report Numbers				
b. If by calculation attached documentation				□ Attached
9. Are Safety Services proposed in the designed switchboard?				Yes / No
10. Has a discrimination study to AS/NZS3000 requirements been completed?				Yes / No
a. If yes, attached a copy				Yes / No
b. If no document, why				□ Attached
				□ Attached
11. Is there any type of generation connected?				Yes / No
a. If yes, attach details (EG or standby, type of transfer switch, intended function)				□ Attached
Name:	Position:	Signed:		Date:
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Completed forms are to be submitted to Ausgrid via the Customer Relationship Module (CRM), via your electrical contractor