

Official Use Only	
Fee	
On-Line Receipt No.	
C&D Receipt No.	
Licence No.	

On-line Receipt No.

ESTABLISHMENTS FOR SPECIAL TREATMENTS

This form should be completed and forwarded to London Borough of Tower Hamlets Environmental Health Department, with a cheque or postal order for the fee due made payable to the London Borough of Tower Hamlets and crossed.

Copies of this application will be sent by us to:-

- (a) Commissioner of Police
- (b) The London Fire and Emergency Planning Authority,

New licence for the premises named at 2 below.

<p>1. Full names and private address of applicants. If the application is made by a limited liability company please give the address of the registered office, and complete the separate sheet which seeks details of the company.</p>	<p>Healthy Paradise Limited</p> <p>Name: Healthy Paradise Limited</p> <p>Maiden name (If applicable):</p> <p>Address (private):</p> <p>Date of birth:</p> <p>Telephone No:</p> <p>Passport No:</p> <p>OR NI No:</p>
<p>2. Trade name and address of premises</p>	<p>Name: Health and Beauty Centre</p> <p>Address: 1 Gunthorpe Street London E1 7RG</p> <p>Telephone No:</p> <p>Email:</p> <p>Opening hours (proposed) 10am Till 10pm</p>
<p>3. Please supply details of person responsible for the management of the establishment if other than the applicant.</p>	<p>Full Name: Gary Bugby</p> <p>Address (private):</p> <p>Date of birth:</p> <p>Telephone No:</p> <p>Passport No:</p>

Please enclose 2 passport-sized photographs of applicant	OR NI No: Enclosed (tick if applicable)
Do you have planning permission to use the premises for the intended purpose?	Yes / No (see K on Note) Please note that you will require sui generis
4. (a) Is it proposed to employ staff at the establishment? (b) If so state numbers	(a) YES/NO (b) Three
5. (a) What is the legal title of the applicant(s) to occupy the premises (e.g. freehold, leasehold etc.) (b) If leasehold please give details of the name and address of the landlord.	(a) Leasehold (b) Bobby Nagpal [REDACTED]
6. What parts of the building is it proposed to use under the licence (e.g. basement, ground floor) ?	Ground Floor
7. State precisely <u>all</u> the treatments for which the licence is intended e.g. massage, manicure, acupuncture, ear or cosmetic piercing, tattooing, chiropody, light electric or other special treatments.	Body Massage Indian Head Massage Facials Aromatherapy Spray Tanning Semi Permanent Make Up Stone Therapy
8. State whether it is desired to give treatment to both sexes or to men or women only?	Both Sexes
9. State whether exemption from condition 7 is required (see note J) for massage purpose only.	Yes is Required
10. Address of any other massage etc., establishment in which applicant or any director of an applicant company is or has been interested and the nature and extent of such interest as (a) Owner or director of owning company; or (b) employee	Address: NONE (a) (b) NONE

<p>11. (a) Does applicant propose to carry on a visiting massage service either from these premises or elsewhere?</p> <p>(b) If elsewhere, please state address(es) concerned.</p> <p>(c) Will the masseuses employed on this service also give treatment on the licensed premises?</p>	<p>(a) NO</p> <p>(b)</p> <p>(c)</p>
<p>12. Please indicate whether the following are enclosed with your application. (A licence cannot be issued without them. These can be provided at a later stage)</p> <p>If you are in the process of employing therapists please indicate this on the form. Once suitable therapists are selected, current qualifications for each operative and photographs will be required before a license can be issued.</p>	<p><input type="checkbox"/> Electrical inspection certificate for portable appliances, as requested under the Electricity at Work Regulations 1989</p> <p><input type="checkbox"/> Two passport-sized photographs of applicant and operators</p> <p><input type="checkbox"/> Copies of each operator's current qualifications under the conditions of licence</p> <p><input type="checkbox"/> A copy of the customer vetting/history card</p> <p><input type="checkbox"/> Copies of the current treatment list and price list</p> <p><input type="checkbox"/> Third-party Insurance (advisable to have)</p> <p><input type="checkbox"/> Cheque/PO for £328.40 / £528.40 (for IPL with or without other treatments) made payable to the London Borough of Tower Hamlets (cheques must not be drawn on third parties). If you have paid using the Council's online payment facility, please enter the payment reference number in the box on the front of the application form.</p> <p><input type="checkbox"/> Copy of Public Notice placed in Newspaper.</p>

<p>13. DETAILS OF PREVIOUS CONVICTIONS, DISQUALIFICATION ETC.</p>
<p>In respect of the persons or bodies whose names are given in response to Questions 1 and 3 give details of their previous convictions (with exception of traffic offences).</p>

SURNAME	FORMER NAME	DATE OF CONVICTION	PLACE OF CONVICTION	NATURE OF OFFENCE	PENALTY IMPOSED

14. Please list all people who will be giving treatment, the treatment they will be giving and their qualifications to give that treatment (See Notes H, I and J).

NAME	TREATMENT(S)	QUALIFICATIONS AND COLLEGE ATTENDED (enclose certificates)	HOME ADDRESS	DATE OF BIRTH	PLACE OF BIRTH
the therapists working at your premises even if we already have their details	Body Massage Indian Head Massage Aromatherapy Stone Therapy Eyelash Extension Self Tanning	VTCT Level 3 NVQ case please state previously provided			
	Body Massage Indian Head Massage Aromatherapy Semi Permanent Make up	Professional Massage			
	Body Massage Indian Head Massage Aromatherapy	Chinese Massage Tuina			

Where application is made on behalf of a limited liability company the secretary or a director should sign. In the case of a partnership, each partner should sign. In signing on behalf of applicant, please state in what capacity you are acting.

Signature of applicant(s)
or applicants solicitor or other duly authorised agent.
.....

Date **26-02-2018**Telephone No **[REDACTED]**

Note: Payment cheques must not be drawn on a third party


Address to which licence application or correspondence should be sent:
Mr D Tolley
Environmental Health and Trading Standards - Health and Safety Team
John Onslow House
1 Ewart Place
London
E3 5EQ

DATA PROTECTION

This fair obtaining statement advises the applicant /person completing this form that it may be necessary to divulge the information contained to third parties or other statutory consultees at the permission of the Council.

PART 4

TO BE COMPLETED IN RESPECT OF A LIMITED COMPANY BY A NOMINATED DIRECTOR

Full name of Limited Company	Healthy Paradise Limited
Registered Office address of Limited Company	
Telephone number	
Registered Company number	11213460
Names of all Directors and position.	Gary Bugby Director
Are any of the Directors Involved with other companies that hold a Special Treatments Licence? Please detail.	NO
Does the Limited Company have licensed premises elsewhere?	NO
If so, please detail.	

This form has been completed by

Gary Bugby(name)
 Director(position)
(signature)
 26-02-2018(date)



[REDACTED]
has satisfied the requirements for the qualification

VTCT Level 3 NVQ Diploma in Beauty Therapy Massage (QCF)

(500/8881/0)

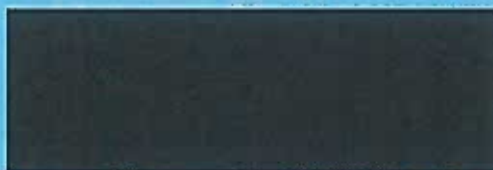
at

West London School of Beauty

Date: 11/06/2014

Registration No [REDACTED]

**The award of this qualification is based on the successful attainment of the National
Standards in units of competence as detailed on a Record of Achievement and/or
one of more Certificates of Unit Credit.**



**Registered in England and Wales number 2050044
Registered as a national charity in Great Britain number 295102**

The regulatory logos on this certificate indicate the qualification is accredited for England and Wales.


Viet Beauty
A L A B A M A

Certificate

Name _____

Birth date _____

Course _____ *Professional Massage*

We here certify that you have satisfactorily completed all requirements for this course emphasizing knowledge and techniques in the field of professional massage. Therefore, we hope that you will utilize this skill in your career as a professional business to prosper.



Issue date: 29/01/2016

Certificate No: _____

Ref: www.vietbeauty.edu.vn



Principal



This Certificate is awarded to



*Who has successfully completed a course on
Semi Permanent Make up*

Eyeliner

At Pretty in Ink Academy

Cert No.

Date: 09/06/17

Trainer



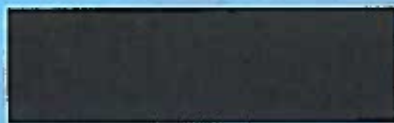
Association of Chinese Medicine Practitioners

英國中醫執業醫師學會

Chinese Massage Practitioner Certification

中醫推拿从业人员证书

We hereby certify that



**Has been accepted as a member of
Association of Chinese Medicine Practitioners (ACMP)
And is a fully qualified practitioner of
Chinese massage (Tui na)**

**All members of Register
Are bound to uphold the highest Chinese Medicine
And are bound by
The Code of Ethics of the Association**

Membership No



President:



Date of issue: 20 May, 2017

Expiry Date: 31 May, 2018

1 DETAILS OF THE CLIENTClient Address: **Richard Yaw****UNIT 2 NO. 1 GUNTORPE STREET, ALDgate EAST, LONDON, E1 7RG****2 DETAILS OF THE INSTALLATION**Installation Address: **Same as Client Address**Extent of the Installation covered by this certificate: **Visual inspection with test results only. 100% of the installation.**

The installation is:	New Installation	N/A	Addition to an existing installation	✓	Alteration to an existing installation	N/A
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3 DESIGN

I/We being the person(s) responsible for the design of the electrical installation (as indicated by my/our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the design, hereby CERTIFY that the design work for which I/we have been responsible is to the best of my/our knowledge and belief in accordance with BS 7671:2008, amended to 2015 except for the departures, if any, detailed as follows.

Details of departures from BS 7671 (Regulations 120.3, 133.5): **None**

Details of permitted exceptions (Regulations 411.3.3):

Risk assessment attached

The extent of liability of the signatory/signatories is limited to the work described above as the subject of this certificate.
for the **DESIGN** of the installation:

Name: [REDACTED] Position: **Qualified Supervisor** Signature: [REDACTED] Date: **03/12/2017**

Where there is divided responsibility for the design:

Name: [REDACTED] Position: [REDACTED] Signature: [REDACTED] Date: [REDACTED]**4 CONSTRUCTION**

I/We being the person(s) responsible for the construction of the electrical installation (as indicated by my/our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the construction, hereby CERTIFY that the construction work for which I/we have been responsible is to the best of my/our knowledge and belief in accordance with BS 7671:2008, amended to 2015 except for the departures, if any, detailed as follows.

Details of departures from BS 7671 (Regulations 120.3, 133.5): **None**

The extent of liability of the signatory/signatories is limited to the work described above as the subject of this certificate.

for the **CONSTRUCTION** of the installation:Name: [REDACTED] Position: **Qualified Supervisor** Signature: [REDACTED] Date: **03/12/2017****5 INSPECTION AND TESTING**

I/We being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the inspection and testing, hereby CERTIFY that the inspection and testing work for which I/we have been responsible is to the best of my/our knowledge and belief in accordance with BS 7671:2008, amended to 2015 except for the departures, if any, detailed as follows.

Details of departures from BS 7671 (Regulations 120.3, 133.5): **None**

The extent of liability of the signatory/signatories is limited to the work described above as the subject of this certificate.

for the **INSPECTION AND TESTING** of the installation:Name: [REDACTED] Position: **Qualified Supervisor** Signature: [REDACTED] Date: **03/12/2017****6 DESIGN, CONSTRUCTION, INSPECTION AND TESTING**

I/We being the person(s) responsible for the design, construction, inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the design, construction, inspection and testing, hereby CERTIFY that the design work for which I/we have been responsible is to the best of my/our knowledge and belief in accordance with BS 7671:2008, amended to 2015 except for the departures, if any, detailed as follows.

Details of departures from BS 7671 (Regulations 120.3, 133.5): **None**

The extent of liability of the signatory/signatories is limited to the work described above as the subject of this certificate.

for the **DESIGN, the CONSTRUCTION, and the INSPECTION AND TESTING** of the installation:Name: [REDACTED] Position: **Qualified Supervisor** Signature: [REDACTED] Date: **03/12/2017****7 NEXT INSPECTION**

I/We the designer(s), RECOMMEND that this installation is further inspected and tested at an interval of not more than:

10 Years or change of tenant/owner

This form is based on the model shown in Appendix 6 of BS 7671:2008 amended 2015.

Design (1)	Trading Title: [REDACTED]	Registration Number (if applicable): [REDACTED]
Address: [REDACTED]	Postcode: [REDACTED]	Telephone Number: [REDACTED]
Design (2)	Trading Title: Same as Above	Registration Number (if applicable):
Address:	Postcode:	Telephone Number:
Construction	Trading Title: Same as Above	Registration Number (if applicable):
Address:	Postcode:	Telephone Number:
Inspection and Testing	Trading Title: Same as Above	Registration Number (if applicable):
Address:	Postcode:	Telephone Number:

9 SUPPLY CHARACTERISTICS AND EARTHING ARRANGEMENTS					
Earthing Arrangements	Number and Type of Live Conductors			Nature of Supply Parameters	Supply Protective Device
TN-S N/A	ac: ✓	dc: N/A		Nominal voltage(s): U: 400 V Uo: 230 V	BS(EN): LIM
TN-C-S ✓	1-phase (2 wire): N/A	1-phase (3 wire): ✓	2 pole: N/A	Nominal frequency, f: 50 Hz	Type: LIM
TNC N/A	2-phase (3 wire): N/A	3-phase (4 wire): N/A	3 pole: N/A	Prospective fault current, Ipf: 1.97 kA	Rated current: LIM A
TT N/A	Other: N/A	Other: N/A	Other: N/A	External earth fault loop impedance, Ze: 0.14 (25)Ω	Short-circuit capacity: LIM kA
IT N/A	Confirmation of supply polarity: ✓			Number of supplies: 1	

10 PARTICULARS OF INSTALLATION REFERRED TO IN THE CERTIFICATE											
Means of Earthing			Details of Installation Earth Electrode (where applicable)								
Distributor's facility:	✓	Type:	N/A		Location:	N/A					
Installation earth electrode:	N/A	Resistance to Earth:	N/A	Ω	Method of measurement:	N/A					
Maximum Demand (Load):		28.6 Amps		Protective measure(s) against electric shock:				ADS			
Main Switch / Switch-Fuse / Circuit-Breaker / RCD					If RCD main switch:						
Type	60947-3 Isolator		Current rating:	100	A	Supply conductors material:	Copper	Rated residual operating current (IΔn):	N/A	mA	
BS(EN):			Fuse/device rating or setting:	LIM	A	Supply conductors csa:	25 mm ²	Rated time delay:	N/A	ms	
Number of poles:	2		Voltage rating:	230	V			Measured operating time (at IΔn):	N/A	ms	
Earthing and Protective Bonding Conductors					Bonding of extraneous-conductive parts						
Earthing conductor		Connection/continuity verified:			✓	To water installation pipes:		✓	To gas installation pipes:		✓
Conductor material:		Copper	csa: 16 mm ²			To oil installation pipes:		N/A	To lightning protection:		LIM
Main protective bonding conductors					Connection/continuity verified:		✓	To structural steel:		LIM	LIM
Conductor material:		Copper	csa: 10 mm ²								

11 COMMENTS ON EXISTING INSTALLATION	
None	

Item	Description	Outcome
1.0	ELECTRICAL INTAKE EQUIPMENT	
1.1	Service cable	✓
1.2	Service head	LIM
1.3	Distributor's earthing arrangement	✓
1.4	Meter tails – Distributor/Consumer	LIM
1.5	Metering equipment	LIM
1.6	Isolator	✓
2.0	PARALLEL OR SWITCHED ALTERNATIVE SOURCES OF SUPPLY	
2.1	Presence of adequate arrangements where generator to operate as a switched alternative (551.6):	
2.1.1	Dedicated earthing arrangement independent of that of the public supply (551.4.3.2.1)	N/A
2.2	Presence of adequate arrangements where generator to operate in parallel with the public supply system (551.7):	
2.2.1	Correct connection of generator in parallel (551.7.2)	N/A
2.2.2	Compatibility of characteristics of means of generation (551.7.3)	N/A
2.2.3	Means to provide automatic disconnection of generator in the event of loss of public supply system or voltage or frequency deviation beyond declared values (551.7.4)	N/A
2.2.4	Means to prevent connection of generator in the event of loss of public supply system or voltage or frequency deviation beyond declared values (551.7.5)	N/A
2.2.5	Means to isolate generator from the public supply system (551.7.6)	N/A
3.0	AUTOMATIC DISCONNECTION OF SUPPLY	
3.1	Protective earthing/protective bonding arrangements (411.3; Chap 54):	
3.1	Presence and adequacy of:	
3.1.1	Distributor's earthing arrangement (542.1.2.1; 542.1.2.2), or installation earth electrode arrangement (542.1.2.3)	N/A
3.1.2	Earthing conductor and connections (Section 526; 542.3; 543.1.1; 542.3.2)	✓
3.1.3	Main protective bonding conductors and connections (Section 526; 544.1; 544.1.2)	✓
3.1.4	Earthing/bonding labels at all appropriate locations (514.13)	✓
3.2	Accessibility of:	
3.2.1	Earthing conductor connections	✓
3.2.2	All protective bonding connections (543.3.2)	✓
3.3	FELV – requirements satisfied (411.7; 411.7.1)	N/A
4.0	BASIC AND FAULT PROTECTION (where used, confirmation that the requirements are satisfied)	
4.1	SELV (Section 414)	N/A
4.2	PELV (Section 414)	N/A
4.3	Double Insulation (Section 412)	✓
4.4	Reinforced insulation (Section 412)	✓
5.0	BASIC PROTECTION	
5.1	Insulation of live parts (416.1)	✓
5.2	Barriers or enclosures (416.2; 416.2.1)	✓
5.3	Obstacles (Section 417; 417.2.1; 417.2.2)	✓
5.4	Placing out of reach (Section 417; 417.3)	N/A
6.0	FAULT PROTECTION	
6.1	Non-conducting location (418.1)	N/A
6.2	Earth-free local equipotential bonding (418.2)	N/A
6.3	Electrical separation (Section 413; 418.3)	N/A

Item	Description	Outcome
7.0	ADDITIONAL PROTECTION	
7.1	RCDs not exceeding 30 mA as specified (411.3.3; 415.1)	✓
7.2	Supplementary bonding (Section 415; 415.2)	✓
8.0	DISTRIBUTION EQUIPMENT	
8.1	Security of fixing (134.1.1)	✓
8.2	Insulation of live parts not damaged during erection (416.1)	✓
8.3	Adequacy/security of barriers (416.2)	✓
8.4	Suitability of enclosures for IP and fire ratings (416.2; 421.1.6; 421.1.201; 526.5)	✓
8.5	Enclosures not damaged during installation (134.1.1)	✓
8.6	Presence and effectiveness of obstacles (417.2)	✓
8.7	Presence of main switch(es), linked where required (537.1.3; .4; .5; .6)	✓
8.8	Operation of main switch(es) (functional check) (612.13)	✓
8.9	Manual operation of circuit-breakers and RCDs to prove functionality (612.13.2)	✓
8.10	Confirmation that integral test button/switch causes RCD(s) to trip when operated (functional check) (612.13.1)	✓
8.11	RCD(s) provided for fault protection, where specified (411.4.9; 411.5.2; 531.2)	✓
8.12	RCD(s) provided for additional protection, where specified (411.3.3; 415.1)	✓
8.13	Confirmation overvoltage protection (SPDs) provided where specified (534.2.1)	✓
8.14	Confirmation of indication that SPD is functional (534.2.8)	✓
8.15	Presence of RCD quarterly test notice at or near the origin (514.12.2)	✓
8.16	Presence of diagrams, charts or schedules at or near each distribution board, where required (514.9.1)	✓
8.17	Presence of non-standard (mixed) cable colour warning notice at or near the appropriate distribution board, where required (514.14)	✓
8.18	Presence of alternative supply warning notice at or near (514.15):	
8.18.1	The origin	LIM
8.18.2	The meter position, if remote from origin	LIM
8.18.3	The distribution board to which the alternative/additional sources are connected	LIM
8.18.4	All points of isolation of ALL sources of supply	✓
8.19	Presence of next inspection recommendation label (514.12.1)	✓
8.20	Presence of other required labelling (Section 514)	✓
8.21	Selection of protective device(s) and base(s); correct type and rating (411.3.2; 411.4,.5, .6; Sections 432, 433)	✓
8.22	Single-pole protective devices in line conductors only (132.14.1, 530.3.2)	✓
8.23	Protection against mechanical damage where cables enter equipment (522.8.1; 522.8.11)	✓
8.24	Protection against electromagnetic effects where cables enter ferromagnetic enclosures (521.5.1)	✓
8.25	Confirmation that ALL conductor connections, including connections to busbars, are correctly located in terminals and are tight and secure (526.1)	✓
9.0	CIRCUITS	
9.1	Identification of conductors (514.3.1)	✓
9.2	Cables correctly supported throughout (522.8.5)	✓
9.3	Examination of cables for signs of mechanical damage during installation (522.6.1; 522.8.1)	✓
9.4	Examination of insulation of live parts, not damaged during erection (522.6.1; 522.8.1)	✓
9.5	Non-sheathed cables protected by enclosure in conduit, ducting or trunking (521.10.1)	N/A

Item	Description	Outcome
9.6	Suitability of containment systems (including flexible conduit) (Section 522)	✓
9.7	Correct temperature rating of cable insulation (522.1.1; Table 52.1)	✓
9.8	Adequacy of cables for current-carrying capacity with regard for the type and nature of installation (Section 523)	✓
9.9	Adequacy of protective devices: type and fault current rating for fault protection (434.5)	✓
9.10	Presence and adequacy of circuit protective conductors (411.3.1; 543.1)	✓
9.11	Coordination between conductors and overload protective devices (433.1; 533.2.1)	✓
9.12	Wiring systems and cable installation methods/practices with regard to the type and nature of installation and external influences (Section 522)	✓
9.13	Cables concealed under floors, above ceilings, in walls/partitions, adequately protected against damage (522.6.201, .202, .204)	✓
9.14	Provision of additional protection by RCDs having rated residual operating current (I _n) not exceeding 30 mA:	
9.14.1	For circuits used to supply mobile equipment not exceeding 32 A rating for use outdoors (411.3.3)	✓
9.14.2	For all socket-outlets of rating 20 A or less, unless exempt (411.3.3)	✓
9.14.3	For cables concealed in walls at a depth of less than 50 mm (522.6.202, .203)	✓
9.14.4	For cables concealed in walls/partitions containing metal parts regardless of depth (522.6.202; .203)	✓
9.15	Provision of fire barriers, sealing arrangements so as to minimize the spread of fire (Section 527)	✓
9.16	Band II cables segregated/separated from Band I cables (528.1)	N/A
9.17	Cables segregated/separated from non-electrical services (528.3)	✓
9.18	Termination of cables at enclosures (Section 526):	
9.18.1	Connections under no undue strain (526.6)	✓
9.18.2	No basic insulation of a conductor visible outside enclosure (526.8)	✓
9.18.3	Connections of live conductors adequately enclosed (526.5)	✓
9.18.4	Adequately connected at point of entry to enclosure (glands, bushes etc.) (522.8.5)	✓
9.19	Suitability of circuit accessories for external influences (512.2)	✓
9.20	Circuit accessories not damaged during erection (134.1.1)	✓
9.21	Single-pole devices for switching or protection in line conductors only (132.14.1, 530.3.2)	✓
9.22	Adequacy of connections, including CPC's, within accessories and at fixed and stationary equipment (Section 526)	✓
10.0	ISOLATION AND SWITCHING	
10.1	Isolators (537.2)	
10.1.1	Presence and location of appropriate devices (537.2.2)	✓
10.1.2	Capable of being secured in the OFF position (537.2.1.2)	✓
10.1.3	Correct operation verified (functional check) (612.13.2)	✓
10.1.4	The installation, circuit or part thereof that will be isolated clearly identified by location and/or durable marking (537.2.2.6)	✓
10.1.5	Warning notice posted in situation where live parts cannot be isolated by the operation of a single device (514.11.1; 537.2.1.3)	✓
10.2	Switching off for mechanical maintenance (537.3)	
10.2.1	Presence of appropriate devices (537.3.1.1)	✓
10.2.2	Acceptable location – state if local or remote from equipment in question (537.3.2.4)	✓
10.2.3	Capable of being secured in the OFF position (537.3.2.3)	✓
10.2.4	Correct operation verified (functional check) (612.13.2)	✓
10.2.5	The circuit or part thereof to be disconnected clearly identified by location and/or durable marking (537.3.2.4)	✓

Item	Description	Outcome
10.3	Emergency switching/stopping (537.4)	
10.3.1	Presence of appropriate devices (537.4.1.1)	✓
10.3.2	Readily accessible for operation where danger might occur (537.4.2.5)	✓
10.3.3	Correct operation verified (functional check) (537.4.2.6)	✓
10.3.4	The installation, circuit or part thereof to be disconnected clearly identified by location and/or durable marking (537.4.2.7)	✓
10.4	Functional switching (537.5)	
10.4.1	Presence of appropriate devices (537.5.1.1)	✓
10.4.2	Correct operation verified (functional check) (537.5.1.3; 537.5.2.2)	✓
11.0	CURRENT-USING EQUIPMENT (PERMANENTLY CONNECTED)	
11.1	Suitability of equipment in terms of IP and fire ratings (416.2)	✓
11.2	Enclosure not damaged/deteriorated during installation so as to impair safety (134.1.1)	✓
11.3	Suitability for the environment and external influences (512.2)	✓
11.4	Security of fixing (134.1.1)	✓
11.5	Cable entry holes in ceilings above luminaires, sized or sealed so as to restrict the spread of fire	✓
11.6	Provision of undervoltage protection, where specified (Section 445)	N/A
11.7	Provision of overload protection, where specified (Section 433; 552.1)	N/A
11.8	Recessed luminaires (downlighters):	
11.8.1	Correct type of lamps fitted	✓
11.8.2	Installed to minimize build-up of heat (421.1.2; 559.4.1)	✓
11.9	Adequacy of working space/accessibility to equipment (132.12; 513.1)	✓
12.0	PART 7 SPECIAL INSTALLATIONS OR LOCATIONS	
12.1	N/A	
12.2	N/A	

6 SCHEDULE OF ITEMS TESTED

Item	Description	Outcome
13.1	External earth fault loop impedance, Z_e	LIM
13.2	Installation earth electrode resistance, R_a	N/A
13.3	Continuity of protective conductors	✓
13.4	Continuity of ring final circuit conductors	✓
13.5	Insulation resistance between live conductors	✓
13.6	Insulation resistance between live conductors and earth	✓
13.7	Polarity	✓
13.8	Earth fault loop impedance, Z_s	✓
13.9	Verification of phase sequence	N/A
13.10	Operation of residual current device(s)	✓
13.11	Functional testing of assemblies	✓
13.12	Verification of voltage drop	N/A

Notes must be completed. 'tick' indicates that an inspection or test was carried out and that the result was satisfactory. 'X' indicates that an inspection or test was carried out and the result is not satisfactory. 'N/A' indicates that an inspection or test was not applicable to the particular installation. 'LIM' indicates that, exceptionally, a limitation agreed with the person ordering the work prevented the inspection or test being carried out.

7 SCHEDULE OF CIRCUIT DETAILS AND TEST RESULTS

Distribution board designation:

D.B.1

Location:[illegible]

8 BOARD CHARACTERISTICS

APPLIES WHEN THE BOARD IS NOT CONNECTED TO THE ORIGIN OF THE INSTALLATION

Supply to this distribution board is from:

N/A

No of phrases:

Overcurrent protective device for the distribution circuit:

BS(EN):

N/A

Reading:

N/A ✓

29:

Red

BS(EN):

N/A

No of poles:

N/A MA

Disconnec
Phone at ho

19 DETAILS OF TEST INSTRUMENTS

Details of Test Instruments used (state serial and/or asset numbers):

Multi-functional:

MFT1730

Insulation resistance:

Earth electrode resistance:

N/A

Earth fault loop impedance:

70 TESTED BY

Name: _____

Position:

Qualified Supervisor

Signatures:

1 DETAILS OF THE CLIENT

Client: Richard Yaw
 Address: UNIT 2 NO. 1 GUNTHORPE STREET, ALDGATE EAST, LONDON, E1 7RG

2 DETAILS OF THE EMERGENCY LIGHTING INSTALLATION

Installation Address: Same as Client Address

Extent of the
 Installation covered
 by this certificate: 100% of the installation.

3 DETAILS OF DEVIATIONS FROM THE STANDARD

Declaration (Design, Installation or Verification)	Clause number	Details of Deviations

4 RELATED REFERENCE DOCUMENTS

This Certificate is only valid when accompanied by current:

- a) Signed checklist and report, as applicable (see overleaf).
 b) Photometric design data. This can be in any of the following formats but in all cases appropriate de-rating factors must be used and identified to meet worst case requirements.
- Authenticated spacing data such as ICEL 1001 registered tables.
 - Calculations as detailed in BS 5266-1:2016, Annex D, and CIBSE/SLL Guide LG12.
 - Appropriate computer print-out of results.
 - Site test light readings.
- c) Test log book.

Essential related reference documents:
 BS5266 ref docs

5 NEXT INSPECTION

I/We, the designer, RECOMMEND that this installation is further inspected and tested after an interval of not more than:

Enter interval in accordance with Clause 6.2 of BS EN 50172: 2004 / BS 5266-8: 2004

6 DECLARATION OF CONFORMITY

In consequence of acceptance of the appended checklist and report, I/we hereby declare that the emergency lighting system installation, or part thereof, at the above premises conforms, to the best of my/our knowledge and belief, to the appropriate recommendations given in BS 5266-1:2016, Emergency lighting - Part 1: Code of practice for the emergency lighting of premises, BS EN 1838:2013 Lighting applications - Emergency lighting and BS EN 50172:2004, Emergency escape lighting systems, as set out in the accompanying declarations, except as stated below/overleaf.

Name: [REDACTED] Position: Qualified Supervisor Signature: [REDACTED] Date: 03/12/2017

7 DETAILS OF THE ELECTRICAL CONTRACTOR

Trading Title: [REDACTED]
 Address: [REDACTED]

Registration Number
 (if applicable): [REDACTED]

Telephone Number: [REDACTED]

Postcode: [REDACTED]

8 EMERGENCY LIGHTING COMPLIANCE CHECKLIST

BS 5266-1:2016 clause reference	Engineer Function D - Designer I - Installer V - Verifier	Check of categories and documentation	System Conforms
4.2	D, V	Are plans of the system available and correct?	Yes
6.7	D, V	Has the system been designed for the correct mode of operation category?	Yes
6.7	D, V	Has the system been designed for the correct emergency duration period?	Yes
Clause 11	D, V	Is a completion certificate available with photometric design data?	Yes
Clause 11	D, I, V	Is a test log book available and are the entries up to date?	Yes
Check of design			
4.1; 5.2.8	D, I, V	Are the correct areas of the premises covered to meet the risk assessment?	Yes
5.2.8	D, I, V	Are all hazards identified by the risk assessment covered?	Yes
5.2.8	D, I, V	Are there luminaires sited at the "points of emphasis"?	Yes
5.2.2	D, I, V	Is the spacing between luminaires compliant with authenticated spacing or design data?	Yes
10.3	D, I, V	If authenticated spacing data is not available for existing installations, are estimates attached and acceptable?	Yes
5.2.9	D, I, V	Are the emergency exit signs and escape route direction signs correct and the locations of other safety signs to be illuminated under emergency conditions identified?	Yes
6.1	D, I, V	Do all non-maintained luminaires operate on local final circuit failure?	Yes
6.3	D, V	Is there illumination from at least two luminaires in each section of the escape route?	Yes
6.4	D, V	Are luminaires at least 2m above floor and avoiding smoke reservoirs?	Yes
5.2.8.5; 5.2.8.6	D, V	Are additional luminaires located to cover toilets, lifts, plant rooms, etc.?	Yes
Check of the quality of the system components and installation			
6.7	D, I, V	Do the luminaires conform to BS EN 60598-2-22?	Yes
6.7	D, I, V	Do any converted luminaires conform to BS EN 60598-2-22?	Yes
6.7	D, I, V	Do luminaires have a suitable degree of protection for their location?	Yes
Clause 8	I, V	Does the installation conform to the good practice defined in BS 7671?	Yes
8.2.1	D, I, V	For centrally powered systems, is the wiring fire-resistant?	Yes
8.2.12	D, I, V	Are any plugs or sockets protected against unauthorized use?	N/A
7.2	D, I, V	If a central power supply unit is used, does it conform to BS EN 50171?	N/A
Test facilities			
8.3.3	D, V, I	Are the test facilities suitable to test function and duration?	Yes
8.3.3	D, I, V	Are the test facilities safe to operate and do not isolate a required service?	Yes
8.3.3	D, I, V	Are the test facilities clearly marked with their function?	Yes
8.3.3	D, I, V	If an automatic test system is installed, does it conform to BS EN 62034?	Yes
10.7	D, V	Is the responsible person trained and able to operate the test facilities and record the test results correctly?	Yes
Final acceptance to be conducted at completion			
Clause 12	D, I, V	Does the system operate correctly when tested?	Yes
10.7	D, I, V	Has adequate documentation been provided to the user?	Yes
10.7	D, I, V	Is the user aware of action they should take in the event of a test failure?	Yes

9 ACTION RECOMMENDED OR DEVIATION TO BE REPORTED

Action recommended or deviation to be reported:
None

DETAILS OF THE CLIENT

Client: Richard Yew
 Address: UNIT 2 NO. 1 GUNTHORPE STREET, ALDGATE EAST, LONDON, E1 7RG

DETAILS OF THE FIRE DETECTION AND ALARM SYSTEM

Installation Address: Same as Client Address

Extent of the fire detection and alarm system covered by this certificate: 100% of the installation.

The installation is: New ☒ An alteration ☐ N/A An extension ☐ N/A

SYSTEM EXAMINATION AND RECOMMENDATIONS

- ☒ All equipment operates correctly
- ☒ Installation work is, as far as can reasonably be ascertained, of an acceptable standard
- ☒ The entire system has been inspected and tested in accordance with the recommendations of 39.2c) of BS 5839-1:2013

The system performs as required by the specification prepared by:

- ☒ Taking into account the guidance contained in Section 3 of BS 5839-1:2013, I/we have not identified any obvious potential for an unacceptable rate of false alarms
- ☒ The documentation described in Clause 40 of BS 5839-1:2013 has been provided to the user

The following work should be completed before/after (delete as applicable) the system becomes operational:

N/A

The following potential causes of false alarms should be considered at the time of the next service visit:

N/A

Before the system becomes operational, it should be soak tested in accordance with the recommendations of 35.2.6 of BS 5839-1:2013 for a period of 2 weeks

(Enter a period of either one week, such period as required by the specification, or such period as recommended by the signatory to this certificate, whichever is the greatest, or insert N/A if not applicable.)

RELATED REFERENCE DOCUMENTS

Related reference documents and certificate numbers:

N/A

CERTIFICATE OF COMMISSIONING

I/we being the competent person(s) responsible (as indicated by my/our signatures below) for the commissioning of the fire detection and fire alarm system, particulars of which are set out below, CERTIFY that the said work for which I/we have been responsible complies to the best of my/our knowledge and belief with the recommendations of Clause 39 of BS 5839-1:2013, except for the variations, if any, stated in this certificate.

Variations from the recommendations of Clause 39 of BS 5839-1:2013 (see BS 5839-1:2013, Clause 7):

None

The extent of liability of the signatory/signatories is limited to the work described above.

For the COMMISSIONING of the system:

Name: [REDACTED] Position: Qualified Supervisor Signature: [REDACTED] Date: 03/12/2017

DETAILS OF THE ELECTRICAL CONTRACTOR

Trading Title: [REDACTED]

Address: [REDACTED]

Registration Number (if applicable): [REDACTED]

Telephone Number: [REDACTED]

Postcode: [REDACTED]

RELAXING MASSAGE

30 MINS.....back and shoulder only.....£30

45 MINS.....full body.....£45

60 MINS.....full body.....£50

fix price

DEEP TISSUE MASSAGE

30 MINS.....back and shoulder only.....£40

45 MINS.....full body.....£50

60 MINS.....full body.....£60

AROMATHERAPY AND REFLEXOLOGY

30 MINS.....£40

45 MINS.....£50

60 MINS.....£60

