

GENERIC SCHEDULE OF SUPPLEMENTARY PROTECTIVE EQUIPOTENTIAL BONDING INSPECTION AND TEST RESULTS

Room/Location: _____ Medical Location Group Number: _____ Date: _____

Protective conductor (PE) connecting EBB to system earthing

EBB Reference: _____ EBB connected to: _____ csa (mm²) _____ Connection/continuity Verified: _____ Ω

EBB details

Conductor ref:	Continuity (Ω)	csa (mm ²)	Connected Y/N	Description	Conductor ref:	Continuity (Ω)	csa (mm ²)	Connected Y/N	Description
1					10				
2					11				
3					12				
4					13				
5					14				
6					15				
7					16				
8					17				
9					18				

Continuity (Ω)

Description	Ref	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
	1																		
	2																		
	3																		
	4																		
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	17																		
	18																		

Inspected and Tested by (Capitals): _____ Signature: _____ Date: _____

Generic schedule of supplementary protective equipotential bonding to be appended to model forms for certification and reporting