Test and tag register: leads, tools and RCDs

PROJECT / SITE	TESTER NAME AND LICENCE OR CERTIFICATE NO.	DATE OF TEST VISIT	NEXT TEST VISIT DUE

EQUIPMENT TESTED

TAG NO.	ITEM (LEAD, TOOL, BOARD, RCD)	MAKE / SERIAL	OWNER / COMPANY	VISUAL CHECK	ELECTRICAL TEST	RCD TRIP TIME (MS)	PASS / FAIL	FAILED: ACTION (REPAIRED, REMOVED)	RETEST DUE

RCD PUSH-BUTTON TESTS BETWEEN VISITS

DATE	RCD TAG NO.	WHERE (BOARD, PORTABLE UNIT)	TRIPPED? Y / N	IF NO: TAGGED OUT, WHO WAS TOLD	TESTED BY