

DECOMMISSIONING REPORT FOR SMALL SCALE EMBEDDED ELECTRICITY GENERATION



Work Order No: _____

File Reference: 16/2/1

Erf No:		Township/Ward		Account No:	
Initials & Surname:			Title:		
Postal Address:			E-mail address :		
		Postal Code:	Fax No:		
Street (Physical) Address / Location:			VAT Registration No:		
Contact No:	Home	Work	Cell phone		
Indicate:	Residential	Business	Industrial	Group development	
Other: (e.g. farm – specify)					
Projected decommissioning date:					

Site location:

Latitude(dd mm sss)	S		°		'		"
Longitude(dd mm sss)	E		°		'		"

SSEG Details:

Manufacturer:	Model:
Serial number/s of inverter/s and independent disconnection switching unit/s (if not integrated into one of the components of the embedded generator)	
SSEG rating (kVA)	
Type of prime fuel source	

Decommissioning agent details:

Installer (Uninstaller):	
Accreditation/qualification:	
Professional registration:	Reg. No.
Address:	
Postal code:	
Contact person:	
Telephone no:	Work: Cell:
Fax:	E-mail address:
Signature:	Date:
Provide certified copy of the CoC which confirms that SSEG has been disconnected effectively from the municipal electrical grid.	
Name of ECSA registered professional	Certificate of Compliance number
Registration category:	Registration number:
Address:	
Postal code:	
Telephone no:	Work: Cell:
Fax:	E-mail address:
Signature:	Date:

Signature Owner: _____

Date: _____

Submit completed form to: Electro Technical Services Department