

POWER APPLIANCE SCHEDULE

rotorua night market

...this little pluggy wants market

Date:

Name:

Business name:

Address:

.....

.....

Email address:

Tel: H:..... W:..... Mob:.....

Appliances: Wattage

..... Wattage

..... Wattage

Safety check completed:

Date of check:

APPROVED / DECLINED

Recommendation:

.....

Signed Market Manager: Date: ... / ... / ...

Market Audits:

Date: /..../... /..../... /..../... /..../... /..../...

