Project Name		**Test Report No.**	
Test System	Lightning Protection System * / Earthing System*	**Date**	
Name Of Test Equipment		**Other info:**	

TEST RESULT

No.	Location	Check Point	Neutral Earth Ω	Equipment Earth Ω	Lightning Earth Ω	Status

Remarks:

	TESTED BY	VERIFIED BY	WITNESSED BY
COMPANY NAME	HEXATECH		
Signature			
Name			
Appointment			
Date			