

GAS INSTALLATION / SAFETY RECORD

Serial No. **1935637**

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Customer / Tenant / Pitch or Location: (delete as applicable) *TRISTAR CHURCH*

Name: *TRISTAR CHURCH*

Address: *REAR FLURRING*

Postcode:

Tel No.:

Landlord / Letting Agent / Park: (delete as applicable)

Name: *REAR FLURRING*

Address:

Postcode:

Tel No.: *0752921913*

Gas Safe Registration No.: *S18778*

NB. To Customer, Tenant, Landlord or Responsible Person: It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site. Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box) Safety Check Installation Service Repairs

Meter/Emergency: Yes No **Control Accessible?** Yes No **Gas Meter and Installation:** Yes No **(visible) Pipework Satisfactory?** Yes No **Gas Installation Tightness:** Yes No **Test Satisfactory?** Yes No

Fuel Type: (tick box) L.P.G. Natural Gas

Is the Installation Safe to Use: (Yes/No) *Yes*

Appliance Details:		Answer	1	2	3	4	5	6
LOCATION								
OWNER								
TYPE								
MAKE								
MODEL								
FLUE TYPE	RS/OF/FL							
FUEL TYPE	NG/LPG							
INSPECTED / SERVICED	I/S							
VENTILATION SATISFACTORY	Y/N/NA							
SAFETY CONTROL(S) WORKING	Y/N/NA							
FLUE TERMINATION SATISFACTORY	Y/N/NA							
FLUE VISUAL CHECK	P/F/NA							
FLUE FLOW SATISFACTORY	P/F/NA							
SPILLAGE TEST SATISFACTORY	P/F/NA							
WORKING PRESSURE or HEAT INPUT	mbar, kW/h							
FLUE GAS ANALYSIS PERFORMED	Y/N/NA							
ANALYSIS RESULT CO/RATIO	%							
APPLIANCE SAFE TO USE	Y/N							
WARNING LABEL ATTACHED	Y/N							
WARNING NOTICE ISSUED	Y/N							
REASON CODE - ID/NCS/AR/NCA								

Appliance		Details of any faults/remedial work required:		Details of any work carried out:	
1	Appliance to be situated outside				OUTSIDE CO ₂ 612 ppm
2					ABOVE APPLIANCE 693 ppm
3					
4					
5					
6					ORBINARY PRESSURE 38.9 mbar

I certify that the above work was carried out by myself on the (date of work done) *13/3/12*

The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Operative Name: (in capitals) *DRIVIO BROWN*

Signed: (by Operative) *[Signature]*

Gas Safe Card Serial No.: *2759478*

Customer Name: (in capitals) *A HURTHINGS*

Signed: (by Customer) *[Signature]*

Number of Appliances Tested: *1*

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative. To re-order contact BES Ltd quoting P/N 17065. Copyright BES Ltd 2005

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE