

GAS INSTALLATION / SAFETY RECORD

Serial No.

1935650

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)	Company details:
Name: <u>TRISTON CAROLING</u>	Name: <u>PREMIER PLUMBING</u>
Address:	Address:
Postcode	Postcode
Tel No.	Tel No. <u>07952921913</u>

Landlord / Letting Agent / Park: (delete as applicable)	Gas Safe Registration No. <u>518778</u>
Name: <u>TRAVEL NO1</u>	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.
Address:	
Postcode	
Tel No.	

Type of Work done: (tick box)	Safety Check <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		

Fuel Type: (tick box) Natural Gas <input type="checkbox"/> L.P.G. <input checked="" type="checkbox"/>	Is the Installation Safe to Use: (Yes/No) <u>YES</u>
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Appliance Details:	Answer	1	2	3	4	5	6
LOCATION							
OWNER		<u>WATER</u>	<u>SAW</u>		<u>WATER</u>	<u>SAW</u>	<u>POTATO</u>
TYPE		<u>BURCO</u>	<u>MARIE</u>	<u>GRIDDLE</u>	<u>BURCO</u>	<u>MARIE</u>	<u>OVEN</u>
MAKE		<u>DEAN</u>	<u>B/MARIE</u>	<u>UNKNOWN</u>	<u>BURCO</u>	<u>SMS</u>	<u>ACKNICKS</u>
MODEL			<u>B/MARIE</u>	<u>GARLAND</u>	<u>DEUXE</u>	<u>B/MARIE</u>	<u>UNKNOWN</u>
FLUE TYPE	RS/OF/FL	<u>FL</u>	<u>FL</u>	<u>FL</u>	<u>FL</u>	<u>FL</u>	<u>O/F</u>
FUEL TYPE	NG/LPG	<u>LPG</u>	<u>LPG</u>	<u>LPG</u>	<u>LPG</u>	<u>LPG</u>	<u>LPG</u>
INSPECTED / SERVICED	I/S	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>	<u>1</u>
VENTILATION SATISFACTORY	Y/N/NA	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
SAFETY CONTROL(S) WORKING	Y/N/NA	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
FLUE TERMINATION SATISFACTORY	Y/N/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>Y</u>
FLUE VISUAL CHECK	P/F/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>P</u>
FLUE FLOW SATISFACTORY	P/F/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>P</u>
SPILLAGE TEST SATISFACTORY	P/F/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>P</u>
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	<u>3.5KW</u>	<u>2.28KW</u>	<u>37.6mbar</u>	<u>3.4KW</u>	<u>2.28KW</u>	<u>37.8 mbar</u>
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
ANALYSIS RESULT CO/CO ₂ RATIO	%	<u>765 ppm</u>	<u>700 ppm</u>	<u>873 ppm</u>	<u>805 ppm</u>	<u>651 ppm</u>	<u>813 ppm</u>
APPLIANCE SAFE TO USE	Y/N	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
WARNING LABEL ATTACHED	Y/N	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
WARNING NOTICE ISSUED	Y/N	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
REASON CODE - ID/NCS/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		<u>OUTSIDE CO₂ 596 ppm</u>
2		<u>CENTRE OF TRACTION 1542 ppm</u>
3		
4		
5		
6		<u>OPERATING PRESSURE 39.3 mbar</u>

I certify that the above work was carried out by myself on the (date of work done) The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.		Date: <u>21/3/12</u>
Operative Name: (in capitals) <u>DAVID BROWN</u>	Signed: (by Operative) 	Gas Safe Card Serial No. <u>2754478</u>
Customer Name: (in capitals) <u>A HUTCHINGS</u>	Signed: (by Customer) 	Number of Appliances Tested: <u>6</u>