

GAS INSTALLATION / SAFETY RECORD

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.

Serial No.
1935649

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

Name: **TRACTOR CABLING**
 Address:
 Postcode

Company details:

Name: **Premier Plumbing**
 Address:
 Postcode

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

Name: **TRAILER NO 1**
 Address:
 Postcode
 Tel No.

Tel No. **07952921913**

Gas Safe Registration No. **518778**

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

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

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

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION							
OWNER							
TYPE		FRIDGE					
MAKE		IMPERIAL					
MODEL		C16S/40					
FLUE TYPE	RS/OF/FL	OF					
FUEL TYPE	NG/LPG	LPG					
INSPECTED/SERVICED	I/S	1					
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P					
FLUE FLOW SATISFACTORY	P/F/NA	P					
SPILLAGE TEST SATISFACTORY	P/F/NA	P					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	27.2 Kw					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	N/A					
ANALYSIS RESULT CO/CO ₂ RATIO	%	813 ppm					
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/NCS/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		OUTSIDE CO₂ 596 ppm.
3		CENTRE OF TRAILER 1542 ppm
4		
5		
6		OPERATING PRESSURE 38.7 mbar.

I certify that the above work was carried out by myself on the (date of work done) Date: **21/3/12**
 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) **DAVID BROWN** Signed: (by Operative) *[Signature]* Gas Safe Card Serial No. **2754978**
 Customer Name: (in capitals) **A HUTCHINGS** Signed: (by Customer) *[Signature]* Number of Appliances Tested: **1**