

GAS INSTALLATION / SAFETY RECORD

Serial No.

1935621

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>TRAVEL CARBINE</u>		Name: <u>PREMIER PLUMBING</u>	
Address: <u>197 STANLLE ROAD.</u>		Address:	
<u>CARLTON NOTTINGHAM.</u>			
Postcode <u>NG4 1LE</u>		Postcode	
Tel No. <u>07768832452</u>		Tel No. <u>07952921913</u>	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. <u>S18778.</u>	
Name: <u>TRAVEL NO2</u>		<p>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.</p>	
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							
TYPE		<u>FURNACE</u>					
MAKE		<u>FALCON</u>					
MODEL		<u>Q1560</u>					
FLUE TYPE	RS/OF/FL	<u>F/L</u>					
FUEL TYPE	NG/LPG	<u>LPG</u>					
INSPECTED / SERVICED	I/S	<u>-</u>					
VENTILATION SATISFACTORY	Y/N/NA	<u>Y</u>					
SAFETY CONTROL(S) WORKING	Y/N/NA	<u>Y</u>					
FLUE TERMINATION SATISFACTORY	Y/N/NA	<u>N/A</u>					
FLUE VISUAL CHECK	P/F/NA	<u>N/A</u>					
FLUE FLOW SATISFACTORY	P/F/NA	<u>N/A</u>					
SPILLAGE TEST SATISFACTORY	P/F/NA	<u>N/A</u>					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	<u>31KW</u>					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	<u>N/A</u>					
ANALYSIS RESULT CO/CO2 RATIO	%	<u>626 ppm.</u>					
APPLIANCE SAFE TO USE	Y/N	<u>Y</u>					
WARNING LABEL ATTACHED	Y/N	<u>Y</u>					
WARNING NOTICE ISSUED	Y/N	<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 529 ppm</u>
2		<u>CENTRE OF TRAVEL 2493 ppm</u>
3		
4		
5		
6		<u>OPERATING PRESSURE 37.1 mbar</u>

I certify that the above work was carried out by myself on the (date of work done)		Date: <u>31/1/12</u>
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) <u>DAVID BROWN</u>	Signed: (by Operative) 	Gas Safe Card Serial No. <u>2754478</u>
Customer Name: (in capitals) <u>RALPH ROBERTO</u>	Signed: (by Customer) 	Number of Appliances Tested: <u>1</u>