

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.
1935625

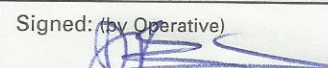
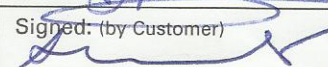
Customer / Tenant / Pitch or Location: (delete as applicable)		Company details:	
Name: TRATOR CATERING		Name: PREMIER PLUMBING	
Address: 197 STANLEY ROAD		Address:	
CARLTON NORTH			
Postcode NG4 1LE		Postcode	
Tel No.		Tel No. 07952921913	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. S18778	
Name: TRATOR 3		<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.</p> <p>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) YES
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Appliance Details:	Answer	1	2	3	4	5	6
LOCATION							
OWNER		12027206					
TYPE		CHIP FRYER					
MAKE		BITE					
MODEL		C1F3-40					
FLUE TYPE	RS/OF/FL	O/F					
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) RATIO	%	843 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		OUTSIDE CO² 612 ppm
2		CO² OF TRAILER 1972 ppm
3		
4		
5		
6		OPERATING PRESSURE 35.2 mbar.

I certify that the above work was carried out by myself on the (date of work done)		Date: 31/1/12
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) 	Gas Safe Card Serial No. 2754478
Customer Name: (in capitals) A HUTCHING	Signed: (by Customer) 	Number of Appliances Tested: 1