

# GAS INSTALLATION / SAFETY RECORD

Serial No.

1935623

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.

<b>Customer / Tenant / Pitch or Location:</b> (delete as applicable)		<b>Company details:</b>	
Name: <u>TRISTAR CAROLING</u>		Name: <u>PREMIER PLUMBING</u>	
Address: <u>197 STANHILL ROAD</u> <u>CARLTON NOTTM.</u>		Address:	
Postcode <u>N94 1CE</u>		Postcode	
Tel No. <u>07768832452</u>		Tel No. <u>07952921913</u>	
<b>Landlord / Letting Agent / Park:</b> (delete as applicable)		<b>Gas Safe Registration No.</b> <u>518778</u>	

Name: TRAILER 3.  
Address:  
  
Postcode  
  
Tel No.

**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.

<b>Type of Work done:</b> (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  L.P.G.  **Is the Installation Safe to Use:** (Yes/No) YES

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION							
OWNER							
TYPE		<u>CHIP FRYER</u>	<u>WATER BOILER</u>	<u>WATER BOILER</u>	<u>WATER HEATER</u>		
MAKE		<u>ELITE</u>	<u>BURCO</u>	<u>BURCO</u>	<u>KINAMI</u>		
MODEL		<u>CIPS-40</u>	<u>DELUXE</u>	<u>DELUXE</u>	<u>REV-58E</u>		
FLUE TYPE	RS/OF/FL	<u>O/F</u>	<u>F/L</u>	<u>F/L</u>	<u>F/L</u>		
FUEL TYPE	NG/LPG	<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>		
VENTILATION SATISFACTORY	Y/N/NA	<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>		
FLUE TERMINATION SATISFACTORY	Y/N/NA	<u>Y</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
FLUE VISUAL CHECK	P/F/NA	<u>P</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
FLUE FLOW SATISFACTORY	P/F/NA	<u>P</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
SPILLAGE TEST SATISFACTORY	P/F/NA	<u>P</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	<u>27.2 Kw</u>	<u>3.5 Kw</u>	<u>3.5 Kw</u>	<u>11.5 Kw</u>		
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>		
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%	<u>725 ppm</u>	<u>846 ppm</u>	<u>725 ppm</u>	<u>989 ppm</u>		
APPLIANCE SAFE TO USE	Y/N	<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>		
WARNING NOTICE ISSUED	Y/N	<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 CO<sub>2</sub> 612 ppm</u>
2		<u>Chance of return 1972 ppm.</u>
3		
4		
5		
6		<u>OPERATING PRESSURE 38:1 mbar.</u>

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) <u>DAVID BEWIS</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>4</u>