

# GAS INSTALLATION / SAFETY RECORD

Serial No.

1935626

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>TREETOP CATERING</u>                                        |  | Name: <u>PREMIER PLUMBING</u>                                                                                                                                                                                                                                                                                                                                                      |  |
| Address: <u>197 STARDILL ROAD</u><br><u>CARLTON NORTH</u>            |  | Address:                                                                                                                                                                                                                                                                                                                                                                           |  |
| Postcode: <u>NG4 1LE</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>S18778</u>                                                                                                                                                                                                                                                                                                                                     |  |
| Name: <u>TRAILOR 3</u>                                               |  | <p><b>NB. To Customer, Tenant, Landlord or Responsible Person.</b><br/>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.<br/><b>Gas Safe</b> may be contacted to check registration, ask the attending gas engineer/operative for the <b>Gas Safe</b> contact telephone number.</p> |  |
| Address:                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Postcode:                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |
| Tel No.:                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                    |  |

|                                      |                                                  |                                       |                                  |                                  |
|--------------------------------------|--------------------------------------------------|---------------------------------------|----------------------------------|----------------------------------|
| <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 type="checkbox"/> No <input type="checkbox"/> | Gas Installation Tightness Test Satisfactory? Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|

|                                                                                                              |                                                             |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Fuel Type:</b> (tick box) Natural Gas <input type="checkbox"/> L.P.G. <input checked="" type="checkbox"/> | <b>Is the Installation Safe to Use:</b> (Yes/No) <u>YES</u> |
|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|

| Appliance Details:             | Answer     | 1                | 2 | 3 | 4 | 5 | 6 |
|--------------------------------|------------|------------------|---|---|---|---|---|
| LOCATION                       |            |                  |   |   |   |   |   |
| OWNER                          |            | <u>120273016</u> |   |   |   |   |   |
| TYPE                           |            | <u>CHIP FRUE</u> |   |   |   |   |   |
| MAKE                           |            | <u>ELITE</u>     |   |   |   |   |   |
| MODEL                          |            | <u>C1KS-40</u>   |   |   |   |   |   |
| FLUE TYPE                      | RS/OF/FL   | <u>O/F</u>       |   |   |   |   |   |
| FUEL TYPE                      | NG/LPG     | <u>LPG</u>       |   |   |   |   |   |
| INSPECTED/ SERVICED            | I/S        | <u>1</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>Y</u>         |   |   |   |   |   |
| FLUE VISUAL CHECK              | P/F/NA     | <u>P</u>         |   |   |   |   |   |
| FLUE FLOW SATISFACTORY         | P/F/NA     | <u>P</u>         |   |   |   |   |   |
| SPILLAGE TEST SATISFACTORY     | P/F/NA     | <u>P</u>         |   |   |   |   |   |
| WORKING PRESSURE or HEAT INPUT | mbar, kW/h | <u>27.2 Kw</u>   |   |   |   |   |   |
| FLUE GAS ANALYSIS PERFORMED    | Y/N/NA     | <u>N/A</u>       |   |   |   |   |   |
| ANALYSIS RESULT CO/CO2 RATIO   | %          | <u>744 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</u> <u>612 ppm</u>          |
| 2         |                                               | <u>CENTRE OF TRAILOR</u> <u>1972 ppm</u>   |
| 3         |                                               |                                            |
| 4         |                                               |                                            |
| 5         |                                               |                                            |
| 6         |                                               | <u>OPERATING PRESSURE</u> <u>37.8 mbar</u> |

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