

GAS INSTALLATION / SAFETY RECORD

Serial No.

1935627

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>TRAILER CAROLING.</u>		Name: <u>PREMIER PLUMBING.</u>	
Address: <u>197 STANALL ROAD</u> <u>CARLTON NOTM.</u>		Address:	
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>518778</u>	
Name: <u>TRAILER 3.</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 L.P.G. **Is the Installation Safe to Use:** (Yes/No) YES

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION							
OWNER		<u>12027508</u>					
TYPE		<u>CAMP FRIER</u>					
MAKE		<u>ELITE</u>					
MODEL		<u>CIPS-40</u>					
FLUE TYPE	RS/OF/FL	<u>0/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</u>					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	<u>NA</u>					
ANALYSIS RESULT CO/CO ₂ RATIO	%	<u>671 ppm.</u>					
APPLIANCE SAFE TO USE	Y/N	<u>Y</u>					
WARNING LABEL ATTACHED	Y/N	<u>N</u>					
WARNING NOTICE ISSUED	Y/N	<u>N</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 612 ppm</u>
2		<u>CENTRE OF TRAILER 1972</u>
3		
4		
5		
6		<u>OPERATING PRESSURE 39.4 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 BROWN</u>	Signed: (by Operative) 	Gas Safe Card Serial No. <u>2754478</u>
Customer Name: (in capitals) <u>A HUTCHIN WGS</u>	Signed: (by Customer) 	Number of Appliances Tested: <u>1</u>