

# 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.

1935628

Customer / Tenant / Pitch or Location: (delete as applicable)		Company details:	
Name: <b>TRUSTOP CATERING</b>		Name: <b>Premier Plumbing</b>	
Address: <b>197 STANWELL ROAD CARLTON NORTH</b>		Address:	
Postcode <b>NG4 1CE</b>		Postcode	
Tel No. <b>07768832452</b>		Tel No. <b>07952921913</b>	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. <b>518778</b>	
Name: <b>TRIALOR 3</b>		<b>NB. To Customer, Tenant, Landlord or Responsible Person.</b> 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.	
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"/>
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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"/>
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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		12027400					
TYPE		CHIP HEATER					
MAKE		ELITE					
MODEL		CIFS-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 <sub>2</sub> RATIO	%	715 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 CO <sub>2</sub> 612 ppm
2		CENTRE OF TRAILER 1972 ppm
3		
4		
5		
6		OPERATING PRESSURE 19.5 bar

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) <b>DAVID BROWN</b>	Signed: (by Operative) 	Gas Safe Card Serial No. <b>2754478</b>
Customer Name: (in capitals) <b>A MATCHINGS</b>	Signed: (by Customer) 	Number of Appliances Tested: <b>1</b>