

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. 1935635

GAS INSTALLATION / SAFETY RECORD

Customer / Tenant / Pitch or Location: (delete as applicable) **TELECOM CENTRAL**

Name: **TELECOM CENTRAL**

Address: **PREMIER FLUSHING**

Postcode: **W1A 0AX**

Tel No. **0795292913**

Landlord / Letting Agent / Park: (delete as applicable) **TELECOM NO 5**

Name: **TELECOM NO 5**

Address: **TELECOM CENTRAL**

Postcode: **W1A 0AX**

Tel No. **0795292913**

Gas Safe Registration No. **518778**

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.

Type of Work done: (tick box) Safety Check Installation Service Repairs

Meter/Emergency Yes No Control Accessible? No Yes (visible) Pipework Satisfactory? Yes No Gas Meter and Installation Yes No Gas Installation Tightness Yes No Test Satisfactory? No Yes

Fuel Type: (tick box) L.P.G. Natural Gas

Is the Installation Safe to Use: (Yes/No) **Yes**

Appliance Details:		Answer	1	2	3	4	5	6
LOCATION								
OWNER								
TYPE			BRIU MAKE	GRADUE	GRADUE			
MAKE			MID. CAT.	MID. CAT.	MID. CAT.			
MODEL			unknown	48"	48"			
FLUE TYPE	RS/OFF/FL		FL	FL	FL			
FUEL TYPE	NG/LPG		LPG	LPG	LPG			
INSPECTED / SERVICED	I/S		1	1	1			
VENTILATION SATISFACTORY	Y/N/NA		Y	Y	Y			
SAFETY CONTROL(S) WORKING	Y/N/NA		Y	Y	Y			
FLUE TERMINATION SATISFACTORY	Y/N/NA		Y	Y	Y			
FLUE VISUAL CHECK	P/F/NA		Y	Y	Y			
FLUE FLOW SATISFACTORY	P/F/NA		Y	Y	Y			
SPILLAGE TEST SATISFACTORY	P/F/NA		Y	Y	Y			
WORKING PRESSURE or HEAT INPUT	mbar, kW/h		3.6 kW	15.2 kW	15.2 kW			
FLUE GAS ANALYSIS PERFORMED	Y/N/NA		Y	Y	Y			
ANALYSIS RESULT CO ₂ RATIO	%		8.9 ppm	7.6 ppm	8.2 ppm			
APPLIANCE SAFE TO USE	Y/N		Y	Y	Y			
WARNING LABEL ATTACHED	Y/N		Y	Y	Y			
WARNING NOTICE ISSUED	Y/N		Y	Y	Y			
REASON CODE - ID / NCS / AR / NCA			2	2	2			

I certify that the above work was carried out by myself on the (date of work done) **20/2/12**

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 GRANIN** Signed: (by Operative) *[Signature]*

Customer Name: (in capitals) **KARLIT ROBERTO** Signed: (by Customer) *[Signature]*

Gas Safe Card Serial No. **275478**

Number of Appliances Tested: **3**

Date: **20/2/12**

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative. To re-order contact BES Ltd quoting P/N 17065. Copyright BES Ltd 2005©

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE