



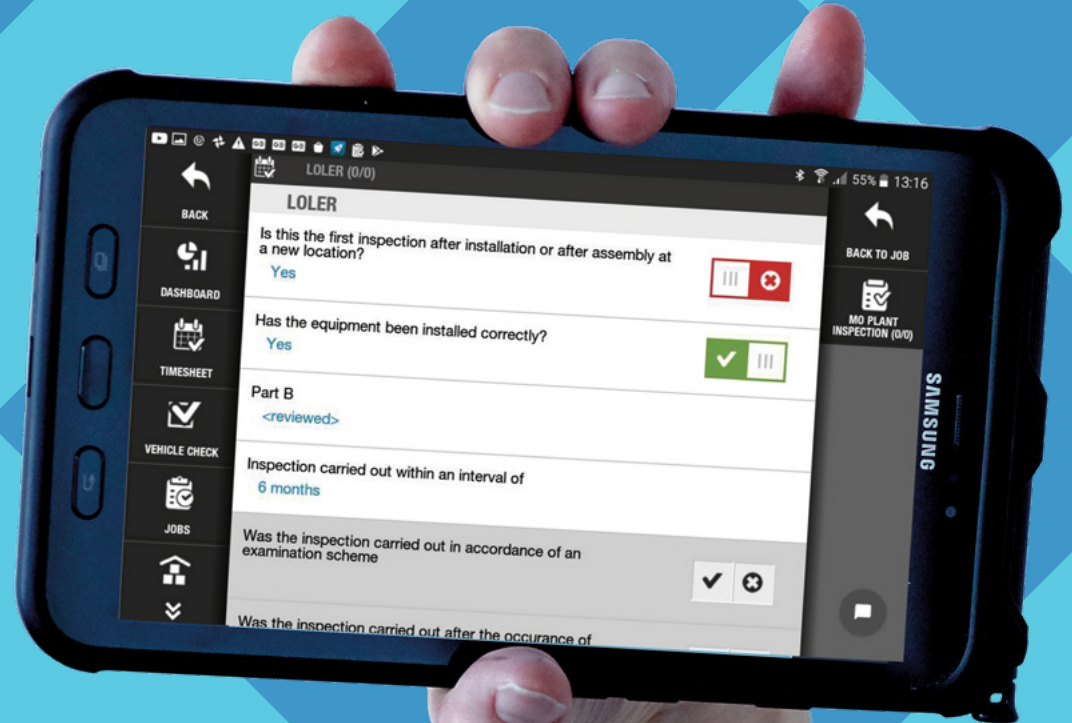
# **GAS SAFE COMPLIANCE FORM PACK**

# JOBWATCH MAKES IT EASY TO TRANSFORM FROM PAPER TO PAPERLESS

We are now offering our customers a unique opportunity to turn the many gas safe forms previously filled in multi layers of paper into a seamless paperless on-demand reporting.

All workflows are customised to suit your own business processes while ensuring that all regulatory standards are followed to the letter.

Our worksheets are process driven and especially made intuitive for engineers who are the source of information generated into your forms.



# UPDATING PROCESSES AND FORMS CONTENT

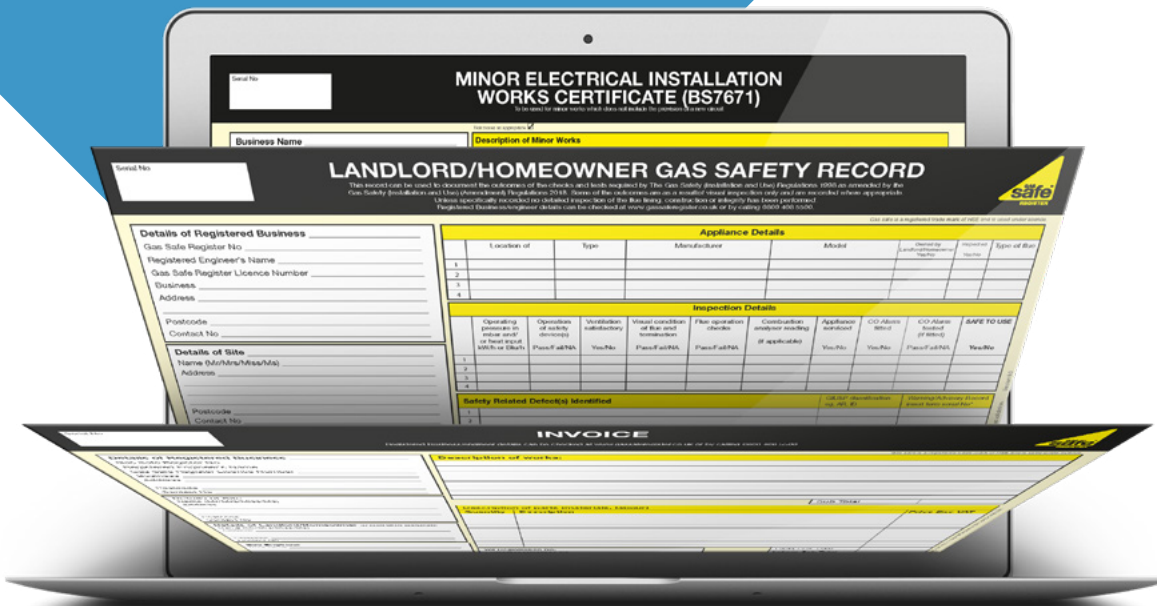
Bigchange work with its partners to ensure that all certificates are kept up to date. Our Professional Services Department will be responsible for making any amendments on the worksheets to reflect any changes made to the gas safe certificates or add new certificates should the regulatory bodies require so.



# REAP THE REWARD OF GOING PAPERLESS ON GAS FORMS

- Gas Safe Register compliant forms
- Ensure your business is compliant with legislation (HSE)
- Join the paperless revolution; you will never run out of paper because there is no paperwork
- Auto-Email certificates straight to your customers
- 24/7 support when you need it with BigChange RoadCrew
- Increased business profile through our business collaboration platform

1. DANGER DO NOT USE WARNING NOTICE
2. LANDLORD/HOMEOWNER GAS SAFETY RECORD
3. GAS INSPECTION RECORD
4. NON-DOMESTIC INSPECTION RECORD
5. FUMES INVESTIGATION REPORT PART A
6. FUMES INVESTIGATION REPORT PART B
7. COMMERCIAL CATERING INSPECTION RECORD PART A
8. COMMERCIAL CATERING INSPECTION RECORD PART B APPLIANCE RECORD AND REMEDIAL WORKSHEET
9. SERVICE/MAINTENANCE RECORD
10. GAS TESTING AND PURGING DOMESTIC (NG)
11. GAS TESTING AND PURGINGNON DOMESTIC
12. PLANT COMMISSIONING/SERVICING RECORD (NON-DOMESTIC)
13. LANDLORD'S GAS SAFETY RECORD FOR THE LEISURE INDUSTRY
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15. MOBILE CATERING VEHICLE/ TRAILER SAFETY RECORD
16. INSTALLATION/ COMMISSIONING/ DECOMMISSIONING RECORD
17. LEGIONELLA RISK ASSESSMENT FOR HOT & COLD-WATER SERVICES
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19. NOT TO CURRENT STANDARDS ADVICE NOTE
20. GAS SAFETY RECORD
21. CARBON MONOXIDE (CO) REPORTED INVESTIGATION REPORT
22. MINOR ELECTRICAL INSTALLATION WORK CERTIFICATE (BS7671)
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24. POWERFLUSHING CHECKLIST
25. VOID PROPERTY WORK RECORD



Serial No \_\_\_\_\_



# DANGER DO NOT USE WARNING NOTICE

GAS  
safe  
REGISTERRegistered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

Gas safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business** \_\_\_\_\_

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

	Appliance Type	Location	Defects identified on gas equipment (tick appropriate boxes) <input checked="" type="checkbox"/>					Other (specify below)
			Gas Escape	Meter Issue	Pipework Issue	Chimney/Flue	Ventilation	
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Details of Site** \_\_\_\_\_

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Where an appliance/installation has been identified as 'Immediately Dangerous' or At Risk, it should not be used until the situation has been resolved.

However, in a limited number of situations, turning off the gas installation will not remove or reduce the risk. In such circumstances the engineer will explain the situation and advise on the necessary course of action to take.

See overleaf for information on what to do next.

### Describe Fault(s) on Gas Equipment

### Detail what is required to rectify the unsafe situation

### CLASSIFICATION OF SAFETY CATEGORY and Safety Action Taken (tick appropriate box)

The appliances/installation has been classified as 'Immediately Dangerous', disconnected from the gas supply and labelled "Danger Do Not Use".

The appliances/installation has been classified as 'At Risk', turned off to made safe and labelled 'Danger Do Not Use'.

The appliances/installation has been classified as 'At Risk' but turning off will not remove or reduce the risk and hence must be referred to the appropriate organisation as advised for further assessment.

### RIDDOR\* Reporting

\*See definition overleaf  
(if appropriate tick box)

Reported to HSE under RIDDOR 11(1)  
(Gas Incident)

Reported to HSE under RIDDOR 11(2)  
(Dangerous Gas Fitting)

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

I confirm that as the responsible person for this gas installation at the address detailed above I have been served this Warning Notice. Note: As a gas appliance/installation has been classified as either Immediately Dangerous or At Risk, as detailed above, continued use of the appliance/ installation, after being advised not to do so, may be in breach of the Gas Safety (Installation and Use) Regulations.

Responsible person signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

The responsible person was not present. Where possible the gas installation has been made safe and this record left at the premises.

I confirm that the situations recorded above, have been identified and brought to the attention of the Responsible Person in accordance with the Gas Safety (Installation and Use) Regulations and Gas Industry Unsafe Situations Procedure.

Gas Safe Engineer's signature \_\_\_\_\_

Date of issue \_\_\_\_\_

1

Serial No \_\_\_\_\_

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



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**Details of Registered Business**

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Site**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Number of Appliances tested**

Appliance Details									
	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue		
1									
2									
3									
4									

Inspection Details										
	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1										
2										
3										
4										

Safety Related Defect(s) Identified								GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1									
2									
3									
4									

**Remedial Action Taken** numbering should correspond to defects above.

1	
2	
3	
4	

**Details of Work carried out**


\* Refer to separate Warning/Advisory Record

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA

Outcome of gas supply pipework visual inspection? Pass / Fail / NA

Is the Emergency Control Valve access satisfactory? Pass / Fail

Outcome of gas tightness test? Pass / Fail / NA

Is the Protective Equipotential bonding satisfactory? Pass / Fail

Record issued by: Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Received by: Signature \_\_\_\_\_ *Tenant/Landlord/Homeowner/Agent*

Date appliance/flue(s) checked \_\_\_\_\_



**ATTENTION**

**Next safety check due by:**

See Notes A and B

Serial No

# GAS INSPECTION RECORD

This form is not to be used as a Landlord's Gas Safety Record. Form GSR LGSR PAD2 can be used for this purpose.  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

**GAS safe**  
REGISTER

Gas safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business** \_\_\_\_\_

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Site** \_\_\_\_\_

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Rented accommodation state Yes or No:

**Gas User Signature:**

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Gas Safe Engineer Signature:**

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

Gas Installation Inspection <small>please tick box where appropriate</small> <input checked="" type="checkbox"/>	PASS/FAIL	Further Information
Outcome of gas tightness test?	<input type="checkbox"/> <input type="checkbox"/>	_____
	<b>YES/NO</b>	
Has the installation been installed using the correct materials?	<input type="checkbox"/> <input type="checkbox"/>	_____
Is the installation pipework correctly sized?	<input type="checkbox"/> <input type="checkbox"/>	_____
Is the Protective Equipotential bonding satisfactory?	<input type="checkbox"/> <input type="checkbox"/>	_____

Emergency Control Valve(s)	YES/NO	FURTHER INFORMATION
Accessible and correctly positioned?	<input type="checkbox"/> <input type="checkbox"/>	_____
Correctly labelled?	<input type="checkbox"/> <input type="checkbox"/>	_____

Details of Appliance	Appliance 1	Appliance 2	Appliance 3	Appliance 4
Type				
Manufacturer				
Model				
Type of flue OF/RS/FL				
Chimney condition & termination satisfactory?	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Flue operation checks	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Ventilation satisfactory?	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Operating pressure in mbars and/or heat input kW/h or Btu/h				
Combustion analyser reading (if applicable)				
<b>SAFE TO USE</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Overall Risk Assessment	YES/NO	YES/NO
Are the gas installation/appliances inspected safe for use?	<input type="checkbox"/>	Have warning labels been affixed? <input type="checkbox"/>
If No, issue a Warning/Advice Record (insert serial No.) _____		

**Brief description of any further work required**

\_\_\_\_\_

\_\_\_\_\_

Serial No

# NON-DOMESTIC INSPECTION RECORD

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.


Work activity: commissioning/service/maintenance (Delete as appropriate)

Gas safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Brief description of work carried out and/or remedial works required

## Appliance Details

Location \_\_\_\_\_

Type: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

Serial No.: \_\_\_\_\_

Age approximate: \_\_\_\_\_

Burner manufacturer (if different) \_\_\_\_\_

Type of Flue/Chimney \_\_\_\_\_

No.1

No.2

No.3

No.4

## Combustion checks

Appliance No. \_\_\_\_\_

Firing Mode \_\_\_\_\_

Heat input rating (kW) \_\_\_\_\_

Gas burner pressure (mbar) \_\_\_\_\_

Gas rate (m<sup>3</sup>/hr) \_\_\_\_\_

Air/gas ratio control setting \_\_\_\_\_

Ambient (room) temperature (°C) \_\_\_\_\_

Flue gas temperature (°C) \_\_\_\_\_

Flue gas temperature net (°C) \_\_\_\_\_

Flue draught pressure (mbar) \_\_\_\_\_

Oxygen (O<sub>2</sub>) % \_\_\_\_\_

Carbon Monoxide (CO) ppm \_\_\_\_\_

Carbon Dioxide (CO<sub>2</sub>) % \_\_\_\_\_

NOX % \_\_\_\_\_

Excess air % \_\_\_\_\_

CO/CO<sub>2</sub> - Ratio \_\_\_\_\_

Gross efficiency % \_\_\_\_\_

CO flue dilution ppm \_\_\_\_\_

## Safety Information

Yes/No

If Warning/Advice Record issued, insert Serial No\*

Has a Warning/Advice Record been issued? \_\_\_\_\_

Have warning labels been affixed? \_\_\_\_\_

Has a responsible person been advised? \_\_\_\_\_

**Declaration of Gas Safety** – I confirm that this record is a true and accurate representation of the gas work carried out on the day of inspection.

Relevant and appropriate duty-holders are required to ensure that gas appliances, installation pipework and flues are maintained in a safe condition so as to prevent the risk of injury to any person.

**Gas Safe Engineer's signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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## Supporting checks (Yes/No/NA)

No.1 No.2 No.3 No.4

Flue flow test satisfactory? \_\_\_\_\_

Spillage test satisfactory? \_\_\_\_\_

Air/gas pressure switch operating correctly? \_\_\_\_\_

Safety devices operating correctly? Yes/No \_\_\_\_\_

Burner lock-out time (in seconds) \_\_\_\_\_

Temperature and limit thermostats operating correctly? \_\_\_\_\_

Flue/Chimney system installed in accordance with appropriate standards? Yes/No \_\_\_\_\_

Fan-flue interlock operating correctly? \_\_\_\_\_

Appliance serviced? \_\_\_\_\_

Gas booster(s)/compressor(s) operating correctly? \_\_\_\_\_

Gas installation pipework adequately supported/identified? \_\_\_\_\_

Gas installation pipework sleeved/labelled as necessary? \_\_\_\_\_

## Ventilation type/checks

Non room sealed appliance (Detail in 1. or 2. below)

### 1. Natural ventilation

Ventilation size:	high-level free area(cm <sup>2</sup> )	
	low-level free area(cm <sup>2</sup> )	

### 2. Mechanical ventilation

Flow rate	inlet (m <sup>3</sup> /s)	
	outlet (m <sup>3</sup> /s)	
Interlock fitted	Yes/No/NA	
Interlock operating correctly	Yes/No/NA	
Room sealed applicable	Yes/No	
Is ventilation satisfactory	Yes/No	

## Ventilation Room sealed appliance

Appliance ventilation satisfactory	Yes/No	
Plant Room ventilation satisfactory	Yes/No/NA	



Serial No \_\_\_\_\_

# FUMES INVESTIGATION REPORT PART A

This form should be completed in accordance with the current requirements of BS 7967-1, 2 & 3  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

**GAS safe**  
REGISTER

Gas safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_  
Registered Engineer's Name \_\_\_\_\_  
Gas Safe Register Licence Number \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

## Details of Landlord/Client (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

## GAS USER PERCEIVED PROBLEM

What is the concern? \_\_\_\_\_  
When does it happen/is there a pattern evident? \_\_\_\_\_  
Is it being experienced now? \_\_\_\_\_  
Which gas appliance(s), was in use at the time? \_\_\_\_\_  
Were there any other fuel burning appliances in use? \_\_\_\_\_  
Detail any person affected? \_\_\_\_\_  
If yes to the above. What were the occupier's symptoms? \_\_\_\_\_  
Were there any extreme/unusual weather conditions at the time? and record what they were. \_\_\_\_\_

## OBSERVATIONS

Initial CO readings upon entering the property (ppm): \_\_\_\_\_  
Which appliance(s) was in use? \_\_\_\_\_  
How many appliances were in use? \_\_\_\_\_  
No. of appliances examined? - refer to part B \_\_\_\_\_  
Which appliances were checked? - refer to part B \_\_\_\_\_  
Gas tightness test. Pass/Fail \_\_\_\_\_  
Property type? \_\_\_\_\_

## CONCLUSION

Defects were identified and the installation/appliance(s) have been made safe? Yes/No \_\_\_\_\_  
Remedial work completed/required is detailed on the attached sheets? Yes/No \_\_\_\_\_  
The installation is safe to use and no defects were identified? Yes/No \_\_\_\_\_  
If no issue Warning/Advisory Record and enter serial number \_\_\_\_\_

As the Gas User/Responsible Person, I confirm that I have received this Warning/Advisory Record concerning the safety of the gas installation.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

The gas user was not present at the time of the visit, and an IMMEDIATELY DANGEROUS (ID) or AT RISK (AR) situation was identified. The installation has been made safe and this notice left on the premises

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**Declaration of Gas Safety** - confirm that the investigation has been undertaken and the results have been brought to the attention of the Gas User/Responsible Person in accordance with the Gas Safety (Installation and Use) Regulations (GSIUR), Industry Standards and Procedures.

Gas Engineer's signature: \_\_\_\_\_  
Date of issue: \_\_\_\_\_

Serial No

# FUMES INVESTIGATION REPORT PART B

This form should be completed in accordance with the current requirements of BS 7967-1, 2 & 3  
 Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



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GAS APPLIANCE INVESTIGATION REPORT - APPLIANCE NO.1	
Appliance type	
Gas type: NG, LPG, LPG/AIR	
Location	
Make	
Model	
GCNo.	
Serial No.	
Flue Type O/F, R/S, Flueless	
Visual condition of the Flue and termination satisfactory? Yes/No/NA	
Does the flue conform to currentstandards? Yes/No/NA	
Flue flow test? Pass/Fail/NA	
Spillage test? Pass/Fail/NA	
Weather conditions during test	
Condition of appliance on visualinspection. Good, Poor, showing signsof distress. Other please state	
CO measured in atmosphere (BS 7967-2)	
Initial readings (ppm)	
After appropriate BS 7967-2 test (ppm)	
Ventilation satisfactory Yes/No	
Burner operating pressure (mbar)	
Gas Rate (kW)	
Appliance satisfactory after detailedinvestigation? Yes/No	
Is the appliance safe to use? Yes/No	
If appliance not checked, state why	
Combustion test readings (BS 7967-2)	
CO (ppm)	
CO <sub>2</sub> (%)	
CO/CO <sub>2</sub> ratio	

GAS APPLIANCE INVESTIGATION REPORT - APPLIANCE NO.2	
Appliance type	
Gas type: NG, LPG, LPG/AIR	
Location	
Make	
Model	
GCNo.	
Serial No.	
Flue Type O/F, R/S, Flueless	
Visual condition of the Flue and termination satisfactory? Yes/No/NA	
Does the flue conform to currentstandards? Yes/No/NA	
Flue flow test? Pass/Fail/NA	
Spillage test? Pass/Fail/NA	
Weather conditions during test	
Condition of appliance on visualinspection. Good, Poor, showing signsof distress. Other please state	
CO measured in atmosphere (BS 7967-2)	
Initial readings (ppm)	
After appropriate BS 7967-2 test (ppm)	
Ventilation satisfactory Yes/No	
Burner operating pressure (mbar)	
Gas Rate (kW)	
Appliance satisfactory after detailedinvestigation? Yes/No	
Is the appliance safe to use? Yes/No	
If appliance not checked, state why	
Combustion test readings (BS 7967-2)	
CO (ppm)	
CO <sub>2</sub> (%)	
CO/CO <sub>2</sub> ratio	

GAS APPLIANCE INVESTIGATION REPORT - APPLIANCE NO.3	
Appliance type	
Gas type: NG, LPG, LPG/AIR	
Location	
Make	
Model	
GCNo.	
Serial No.	
Flue Type O/F, R/S, Flueless	
Visual condition of the Flue and termination satisfactory? Yes/No/NA	
Does the flue conform to currentstandards? Yes/No/NA	
Flue flow test? Pass/Fail/NA	
Spillage test? Pass/Fail/NA	
Weather conditions during test	
Condition of appliance on visualinspection. Good, Poor, showing signsof distress. Other please state	
CO measured in atmosphere (BS 7967-2)	
Initial readings (ppm)	
After appropriate BS 7967-2 test (ppm)	
Ventilation satisfactory Yes/No	
Burner operating pressure (mbar)	
Gas Rate (kW)	
Appliance satisfactory after detailedinvestigation? Yes/No	
Is the appliance safe to use? Yes/No	
If appliance not checked, state why	
Combustion test readings (BS 7967-2)	
CO (ppm)	
CO <sub>2</sub> (%)	
CO/CO <sub>2</sub> ratio	

GAS APPLIANCE INVESTIGATION REPORT - APPLIANCE NO.4	
Appliance type	
Gas type: NG, LPG, LPG/AIR	
Location	
Make	
Model	
GCNo.	
Serial No.	
Flue Type O/F, R/S, Flueless	
Visual condition of the Flue and termination satisfactory? Yes/No/NA	
Does the flue conform to currentstandards? Yes/No/NA	
Flue flow test? Pass/Fail/NA	
Spillage test? Pass/Fail/NA	
Weather conditions during test	
Condition of appliance on visualinspection. Good, Poor, showing signsof distress. Other please state	
CO measured in atmosphere (BS 7967-2)	
Initial readings (ppm)	
After appropriate BS 7967-2 test (ppm)	
Ventilation satisfactory Yes/No	
Burner operating pressure (mbar)	
Gas Rate (kW)	
Appliance satisfactory after detailedinvestigation? Yes/No	
Is the appliance safe to use? Yes/No	
If appliance not checked, state why	
Combustion test readings (BS 7967-2)	
CO (ppm)	
CO <sub>2</sub> (%)	
CO/CO <sub>2</sub> ratio	

List any faults identified, and/or remedial work completed	REMEDIAL WORK STILL REQUIRED
Appliance No1	
Appliance No2	
Appliance No3	
Appliance No4	

Serial No

# COMMERCIAL CATERING INSPECTION RECORD PART A

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500


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 TICK BOXES AS APPROPRIATE

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Email Address \_\_\_\_\_

Web Address \_\_\_\_\_

## Details of Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Gas installation details

Emergency Isolation for Catering area provided? Yes  No If yes - location satisfactory? Yes  No If yes - is it accessible? Yes  No If yes - is valve of suitable type? Yes  No If yes - is valve handle secured in place? Yes  No  N/A Is a Gas Emergency Notice present? Yes  No Is gas isolation provided via an auto electric system? Yes  No If yes - is the system fitted with automatic pressure proving? Yes  No  N/A If yes - do all appliance burners have flame safeguards? Yes  No  N/A Alternatively, is the system manually reset? Yes  No  N/A If yes - is there attached a notice regarding resetting? Yes  No  N/A Is there any evidence of corrosion of gas pipework? Yes  No 

If yes - detail any action required \_\_\_\_\_

Has the gas installation been tightness tested? Yes  No If yes - is the gas installation tightness satisfactory? Yes  No 

Detail remedial work required to resolve any shortcomings on Part B \_\_\_\_\_

## Pipework within the catering area

Are the correct materials in use? Yes  No Is the pipework correctly identified / labelled? Yes  No Is pipework correctly supported throughout? Yes  No Are pipe sleeves extended through walls/floors etc? Yes  No  N/A Suitable purge points fitted? Yes  No  N/A Suitable test points fitted? Yes  No  N/A Electrical protective bonding fitted where required? Yes  No  N/A 

Detail remedial work required to resolve any shortcomings on Part B \_\_\_\_\_

## Safety information

If Warning Notice issued insert Classification and Serial No.

Has a Warning Notice been issued? Yes  No  Classification \_\_\_\_\_Have Warning Labels been affixed? Yes  No  ID  AR  N/A Has a responsible person been advised? Yes  No  Serial No: \_\_\_\_\_

## Risk analysis of kitchen ventilation/extract system

Has risk assessment in accordance with IGEM/UP/19 been applied? Yes  No  N/A If applicable what is the outcome of the Risk Assessment? Satisfactory  Not Satisfactory 

**Declaration of Gas Safety** – I confirm that this record is a true and accurate representation of the gas work carried out on the day of inspection. Relevant and appropriate duty-holders are required to ensure that gas appliances, installation pipework, ventilation and extract systems are maintained in a safe condition so as to prevent the risk condition of injury to any person.

**Gas Safe Registered Engineer's signature:** \_\_\_\_\_

Date: \_\_\_\_\_

## Ventilation/extract and air quality systems

Is a canopy system installed? Yes  No  N/A If yes – is the canopy overhang correct? Yes  No 

Record type of filtration (e.g. mesh/baffles/UV)

Filtration adequately maintained? Yes  No Mechanical extract provided? Yes  No 

If yes - what is the flow rate in litres/sec? \_\_\_\_\_ l/s

If yes - is flow rate adequate? Yes  No Is mechanical extract interlocked with gas supply? Yes  No Is interlock fitted with manual override? Yes  No  N/A If yes - override disabled? Yes  No  N/A If no, written report provided advising against use? Yes  No  N/A Mechanical ventilation fitted? Yes  No 

If yes - what is the flow rate in litres/sec? \_\_\_\_\_ l/s

If yes - is flow rate adequate? Yes  No  N/A If yes - mechanical ventilation interlock provided? Yes  No  N/A If yes - does the interlock work correctly? Yes  No  N/A Where required Is natural ventilation provided? Yes  No  N/A If provided give details High Level \_\_\_\_\_ cm<sup>2</sup> Adequate? Yes  No  N/A   
Low Level \_\_\_\_\_ cm<sup>2</sup>Are adequate notices regarding ventilation provided? Yes  No  N/A Automatic means of CO<sub>2</sub> detection provided? Yes  No If yes - is CO<sub>2</sub> detection interlocked with gas supply? Yes  No  N/A 

Air Quality Testing (in accordance with IGEM/UP/19)  
Average of 3 CO<sub>2</sub> levels recorded within work area(s) during visit (refer to IGEM/UP/19)

First CO<sub>2</sub> reading: \_\_\_\_\_ ppm (1)Second CO<sub>2</sub> reading: \_\_\_\_\_ ppm (2)Third CO<sub>2</sub> reading: \_\_\_\_\_ ppm (3)

Average of above 3 readings: (1 + 2 + 3) ÷ 3 \_\_\_\_\_ ppm

Results of Air Quality Testing - Acceptable  Not Acceptable 

Details of CO<sub>2</sub> recording instrument:  
Make/model \_\_\_\_\_ Calibration date \_\_\_\_\_

Detail remedial work required to resolve any shortcomings on Part B \_\_\_\_\_

Serial No

# COMMERCIAL CATERING INSPECTION RECORD PART B – APPLIANCE RECORD AND REMEDIAL WORK SHEET

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500



TICK BOXES AS APPROPRIATE

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Appliances				Manufacturer's Instructions available	Operating pressure (mbar) and/or heat input (kW)	FSD fitted to all burners	All appliance safety devices (including FSD's) operating correctly	Adequate ventilation arrangements	Adequate flueing/extract arrangement	Appliance Gas Isolation valve or self-sealing plug and socket fitted	Movable appliances fitted with appropriate gas hose with restraint fitted correctly	Appliance pipework gas tight	Appliance Safe to use
Type	Make	Model											
1.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
9.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
10.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
11.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
12.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
14.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
15.				Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Additional works deemed necessary/recommended**

Essential  Recommended

Essential  Recommended

Essential  Recommended

Essential  Recommended

Essential  Recommended

**Other comments**

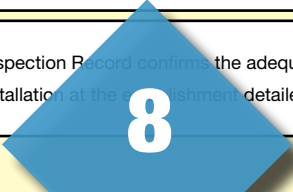
**Overall Risk Analysis of kitchen ventilation and where provided, flue/chimney, or extract systems**

Has risk assessment in accordance with IGEM/UP/19 been applied Yes  No  N/A

This Inspection Record confirms the adequacy or otherwise of the commercial catering gas installation at the premises detailed at the address on Part A of this record.

Gas Safe Registered Engineer's signature: \_\_\_\_\_

Date: \_\_\_\_\_



Serial No

# SERVICE/MAINTENANCE RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

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## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Landlord or Agent (where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Number of Appliances tested

Appliance Details		Installation Details	
Type		Is the accommodation rented? (Yes or No)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Manufacturer		Type of work carried out - Service or Maintenance	
Model		Has a gas tightness test been carried out? (Yes or No)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Location		If yes to the above was this a Pass or Fail?	Pass <input type="checkbox"/> Fail <input type="checkbox"/>
Flue type		Is electrical bonding (where required) satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

## Electronic combustion gas analyser (ECGA) readings - where required

Has a full strip and clean service been carried out	Yes <input type="checkbox"/> No <input type="checkbox"/>	Initial ECGA reading		Final ECGA reading	
---	--	----------------------	--	--------------------	--

Safety - General		Defect(s) - Remedial Action Taken/Required*	
Ventilation correct (Yes or No)	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Satisfactory flue flow check	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Satisfactory spillage test	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Chimney & termination correct	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Safety device(s) correct	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Operating pressure (mbar) or heat input (kW)			

Appliance - Satisfactory		Defect(s) - Remedial Action Taken/Required*	
Burner(s)/Injector(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Ignition and flame picture	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Heat exchanger	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Electrical connection	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Appliance/system controls	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Fan(s)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Seals (appliance case etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Fireplace catchment space	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Closure plate	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Location and stability	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		
Return air/plenum	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>		

\* Refer to separate Warning/Advisory Record

Is the appliance safe to use? Yes  No

If the answer to above is No complete a Warning/Advisory Record and attach an appropriate Warning label to the appliance/installation.

Remedial work required -

Record issued by: Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Received by: Signature \_\_\_\_\_ Tenant/Landlord/Agent

Date appliance/flue(s) checked \_\_\_\_\_

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**ATTENTION**

**Next safety  
check due by:**

Serial No

# GAS TESTING AND PURGING - DOMESTIC (NG)

This form should be completed in accordance with the current requirements of IGE/UP/1B  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

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## Details of Registered Business

Gas Safe Register No \_\_\_\_\_  
Registered Engineer's Name \_\_\_\_\_  
Gas Safe Register Licence Number \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

## Details of Landlord/Client (or Agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

This Gas Testing and  
Purging form is issued by. Signed: \_\_\_\_\_

Received by Tenant/Landlord/  
Agent/Home Owner. Signed: \_\_\_\_\_

Date: \_\_\_\_\_  
The gas user was not present at the time of the visit

## Installation details

Indicate installation type (New or Existing): \_\_\_\_\_

Meter size/type e.g. U6, E6, G4, U16 or G10: \_\_\_\_\_

Is the meter installation medium pressure fed? Yes  No  (tick as appropriate) If Yes is there a meter inlet valve (MIV) fitted: \_\_\_\_\_

Record maximum installation pipework diameter installed: \_\_\_\_\_

### Calculate installation volume (where the installation volume is believed to be greater than 0.03m<sup>3</sup>)

Gas meter volume (m<sup>3</sup>) (see Table 2 overleaf) \_\_\_\_\_ m<sup>3</sup>

Volume of installation pipework (m<sup>3</sup>) (see Table 3 overleaf) \_\_\_\_\_ m<sup>3</sup>

Total installation volume (m<sup>3</sup>) \_\_\_\_\_ m<sup>3</sup>

Where the total installation volume is greater than 0.035m<sup>3</sup> the installation needs to be tightness tested in accordance with either IGE/UP/1A or IGE/UP/1

## Tightness test(s) carried out

### Reason for tightness test 1.

Let-by test carried out Yes  No  NA  If Yes Pass  Fail   
Record what is included in the tightness test: Meter  Installation pipework  Appliance(s)   
Permissible pressure loss \_\_\_\_\_ mbar\* Actual pressure loss \_\_\_\_\_ mbar Tightness test Pass/Fail \_\_\_\_\_

### Reason for tightness test 2.

Let-by test carried out Yes  No  NA  If Yes Pass  Fail   
Record what is included in the tightness test: Meter  Installation pipework  Appliance(s)   
Permissible pressure loss \_\_\_\_\_ mbar\* Actual pressure loss \_\_\_\_\_ mbar Tightness test Pass/Fail \_\_\_\_\_

### Reason for tightness test 3.

Let-by test carried out Yes  No  NA  If Yes Pass  Fail   
Record what is included in the tightness test: Meter  Installation pipework  Appliance(s)   
Permissible pressure loss \_\_\_\_\_ mbar\* Actual pressure loss \_\_\_\_\_ mbar Tightness test Pass/Fail \_\_\_\_\_

### Reason for tightness test 4.

Let-by test carried out Yes  No  NA  If Yes Pass  Fail   
Record what is included in the tightness test: Meter  Installation pipework  Appliance(s)   
Permissible pressure loss \_\_\_\_\_ mbar\* Actual pressure loss \_\_\_\_\_ mbar Tightness test Pass/Fail \_\_\_\_\_

\* See Table 1. Maximum permissible tightness test pressure losses overleaf.

Is purging of the installation required? Yes  No  If Yes proceed to Purging details below

## Purging Details

### Calculate the installation purge volume below

For an E6/G4/U6 gas meter and installation pipework ≤ 28mm use \_\_\_\_\_ m<sup>3</sup>

For installations with E6/G4/U6 Gas meters and installation pipework > 28mm to ≤ 35mm or G10/U16 meters with or without installation pipework, the purge volume needs to be calculated (see below) 0.01m<sup>3</sup> (0.35ft<sup>3</sup>)

A. Gas meter purge volume m<sup>3</sup> (see table 4 overleaf) \_\_\_\_\_ m<sup>3</sup>

B. Installation pipework volume m<sup>3</sup> x 1.5 (see Table 3. overleaf) \_\_\_\_\_ m<sup>3</sup>

C. Total installation purge volume = A + B (see Note) \_\_\_\_\_ m<sup>3</sup>

Has purge been completed satisfactorily? Yes  No

Note: Where the calculated purge volume is greater than 0.02m<sup>3</sup> the purged mixture must be ignited at a burner as soon as possible either at an installed appliance or a temporarily installed burner.

## Installation general

Record the operating pressure at the outlet of the gas meter (mbar) where applicable \_\_\_\_\_ mbar

Is the gas installation pipework satisfactory? (visual inspection) Yes  No

Is the Emergency Control Valve (ECV)/Additional Emergency Control Valve (AECV) accessible? Yes  No

Is equipotential bonding present and correctly positioned? Yes  No

Has installation/appliance(s) been commissioned/put back into operation as appropriate? Yes  No

Is gas installation safe for use? Yes  No

If No, has a Warning/Advice Notice been issued? Yes  No

If Yes give Warning/Advice Notice? Yes  No

Have any disturbed joints e.g. press-fit joints been tested with a suitable Leak Detection Fluid (LDF) or gas leak detector? Yes  No

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Serial No

# GAS TESTING AND PURGING (NON DOMESTIC)

This form should be completed in accordance with the current requirements of IGE/UP/1 or IGE/UP/1A  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

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REGISTER

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## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Landlord/Client (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

### Strength test details

State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary	Yes <input type="checkbox"/> No <input type="checkbox"/>
Calculated strength test pressure (STP) (mbar/bar)	
Test medium - air, nitrogen, water (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (% STP)	
Calculated pressure drop (mbar/bar)	
<b>Findings</b>	
Actual pressure drop (mbar/bar)	
Strength test	Pass or Fail

### Tightness test details

Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)	
Installation type - New (N) - New extension (NE) - Existing (E)	
Could weather or changes in temperature affect test?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Meter type (Diaphragm, Rotary etc.)	
Meter type (U16, U40, P7 etc)	
Meter bypass installed	Yes <input type="checkbox"/> No <input type="checkbox"/>
Installation volume (IV) Gas meter (m <sup>3</sup> )	
Installation pipework & fittings (m <sup>3</sup> )	
<b>Total IV (m<sup>3</sup>)</b>	
Test medium - fuel gas, air	
Tightness test pressure (TTP) mbar/bar	
Pressure gauge type (water, high SG, electronic etc.)	
MPLR† m <sup>3</sup> /h (IGE/UP/1) or MAPD†† mbar (IGE/UP/1A)	
Let-by test period existing installations (minutes)	
Stabilisation period (minutes)	
Tightness test duration (TTD) (minutes)	
Any inadequately ventilated areas to check?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is barometric pressure correction necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Findings</b>	
Actual leak rate m <sup>3</sup> /hr**	
Actual pressure drop (if any) mbar	
Have inadequately ventilated areas been checked?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Tightness test	Pass or Fail

### Purging procedure details

Has a risk assessment been carried out?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has a written procedure for the purge been prepared?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have "NO SMOKING" signs etc been displayed as necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have any persons in the vicinity of the purge been advised accordingly?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have all appropriate valves to and from the section of pipe been labelled?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Where Nitrogen gas is being used for an indirect purge have the gas cylinders been checked/verified for their correct content?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are suitable fire extinguishers available in case of an incident?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Are two way radios (intrinsically safe) available?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Have all electrical bonds been fitted as necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Calculate purge volume Gas meter (m <sup>3</sup> )	
Installation pipework & fittings (m <sup>3</sup> )	
<b>Total purge volume (m<sup>3</sup>)</b>	
Is gas detector/oxygen measuring device as appropriate, intrinsically safe?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Findings</b>	
Complete purge noting final test criteria readings (O <sub>2</sub> % or LFL%)	
Purge	Pass or Fail

### INDICATE WORK UNDERTAKEN

Strength test	
Tightness test	
Purge	

\* and \*\* see overleaf

† Maximum permitted leak rate

†† Maximum allowable pressure drop

**DECLARATION OF GAS SAFETY** - I confirm that all of the above work described on this form has been satisfactory completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineers signature \_\_\_\_\_ Date: \_\_\_\_\_

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_

**Attention:** where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installation has been left operational.

**NOTIFICATION OF UNSAFE GAS INSTALLATION** - I confirm that all of the above work described on this form has been satisfactory completed in accordance with the current Gas Safe (Installation and Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advice Notice.

Gas engineers signature \_\_\_\_\_ Date: \_\_\_\_\_

Responsible person's signature \_\_\_\_\_ Date: \_\_\_\_\_

11

Serial No

# PLANT COMMISSIONING/SERVICING RECORD (NON-DOMESTIC)

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.


Gas Safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_  
 Registered Engineer's Name \_\_\_\_\_  
 Gas Safe Register Licence Number \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

I confirm that the commissioned appliance(s)/equipment is operating safely (please check boxes accordingly).

Appliance    1        2        3        4   

**DECLARATION OF GAS SAFETY** - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

**Gas engineers signature**

**Date:** \_\_\_\_\_

## Appliance/Equipment Details

	1	2	3	4
Location:				
Type:				
Manufacturer:				
Model:				
Serial No:				
Burner manufacturer (if different)				
Type of Flue:				

## Combustion checks

Appliance No.	1		2		3		4	
	Low	High	Low	High	Low	High	Low	High
Firing mode								
Heat input rating (kW)								
Gas burner pressure (mbar)								
Gas rate (m <sup>3</sup> /hr)								
Air/gas ratio control setting								
Ambient (room) temperature (°C)								
Flue gas temperature (°C)								
Flue gas temperature net (°C)								
Flue draught pressure (mbar)								
Oxygen (O <sub>2</sub> )%								
Carbon Monoxide (CO) ppm								
Carbon Dioxide (CO <sub>2</sub> ) %								
NOX%								
Excess air %								
CO/CO <sub>2</sub> Ratio								
Gross efficiency %								
CO flue dilution ppm								

## Additional safety checks (Yes/No/NA)

	1	2	3	4
Flue flow test satisfactory?				
Spillage test satisfactory?				
Ventilation satisfactory (see also Ventilation)?				
Air/gas pressure switch operating correctly?				
Flame proving/safety devices operating correctly?				
Burner lock-out time (seconds)				
Temperature and limit thermostats operating correctly?				
Appliance serviced?				
Gas booster(s)/compressor(s) operating correctly?				
Gas installation tightness test carried out? (if yes see separate form)				
Gas installation pipework adequately supported?				
Gas installation pipe work sleeved, labelled and painted as necessary?				
Chimney system installed in accordance with the standards?				
Fan-flue interlock operating correctly?				

## Boiler Room/Enclosure/Room:

(Natural Draught-go to 1, Mechanical Ventilation go to 2) 

### 1. Natural Draft (cm<sup>2</sup>)

Free area low-level (cm <sup>2</sup> )	
Free area high-level (cm <sup>2</sup> )	
All ventilation grilles clear and unobstructed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

### 2. Mechanical Ventilation Flow Rates

Inlet (m <sup>3</sup> /s)	
Extract (m <sup>3</sup> /s)	
Mechanical ventilation interlock operating correctly?	Yes <input type="checkbox"/> No <input type="checkbox"/>
All ventilation grilles clear and unobstructed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Work carried out

## Remedial work required

## Warning Notice

	<input checked="" type="checkbox"/>	If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has warning label(s) been attached?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Has responsible person been advised?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of responsible person advised

12



Serial No \_\_\_\_\_

# LANDLORD'S GAS SAFETY RECORD FOR THE LEISURE INDUSTRY



Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

TICK BOXES AS APPROPRIATE

Gas Safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business** \_\_\_\_\_  
 Gas Safe Register No \_\_\_\_\_  
 Registered Engineer's Name \_\_\_\_\_  
 Gas Safe Register Licence Number \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

**Details of Site** \_\_\_\_\_  
 Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

**Details of Landlord/Client** (or agent where appropriate)  
 Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

	Appliance 1	Appliance 2	Appliance 3	Appliance 4	Appliance 5
Location					
Type					
Make					
Model					

Inspection Details	Appliance 1	Appliance 2	Appliance 3	Appliance 4	Appliance 5
Flue type OF/RS/FL					
Operating pressure in mbars or heat input kW or Btu/h					
Combustion analyser reading (if applicable)					
Safety device(s) operating correctly	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Ventilation provision satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Visual condition of flue and termination	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Flue performance checks	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
CO alarm fitted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
CO Alarm tested (if fitted)	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> N/A <input type="checkbox"/>
Appliance serviced	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Appliance safe to use	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Defects identified	Remedial Action Taken
1	
2	
3	
4	
5	

Inspection Details	Appliance 1	Appliance 2	Appliance 3	Appliance 4	Appliance 5
Warning notice issued	Yes* <input type="checkbox"/> No <input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Warning notice serial number					

LAV - Leisure Accommodation Vehicle, ECV - Emergency Control Valve, LPG - Liquefied Petroleum Gas \* Refer to separate Warning/Advice Notice

Cylinder/final connection hoses to LAV/boat satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the ECV accessible and operable	Yes <input type="checkbox"/> No <input type="checkbox"/>	Satisfactory gas tightness test carried out	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Gas installation pipework (visual inspection) satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>	LPG regulator operating pressure	mbar	LPG regulator lock-up pressure	mbar

This safety record is issued by:  
 Gas engineers signature: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Received on behalf of the Landlord/Agent: \_\_\_\_\_ Date: \_\_\_\_\_



**NEXT SAFETY CHECK  
DUE WITHIN  
12 MONTHS**

Serial No

# CHIMNEY SYSTEMS IN VOIDS CHECKLIST

This checklist is to be used to record findings and actions taken in relation to concealed room-sealed fanned draught boiler chimney/flue systems in voids following the guidance given in Gas Safe Register Technical Bulletin 008 (Edition 3). Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500

**GAS safe**  
REGISTER

Gas Safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Details of Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Record Issued by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received By \_\_\_\_\_

Signature: \_\_\_\_\_

Tenant/Homeowner/Agent

## Follow instruction to the right hand side of the box you tick

	If	<input checked="" type="checkbox"/>	then go to	If	<input checked="" type="checkbox"/>	then go to
1. Is the chimney/flue system concealed?	Yes	<input type="checkbox"/>	Q 2	No	<input type="checkbox"/>	Note 1
2. Has it been identified that only a short chimney/flue system is concealed within a void, e.g. a vertical chimney/flue system passing through a flat roof or pitched roof. (see Engineers Notes – Exception, for further guidance)?	Yes	<input type="checkbox"/>	Note 1	No	<input type="checkbox"/>	Q 3
3. Is the chimney/flue system routed through adjacent property?	Yes	<input type="checkbox"/>	Q 4	No	<input type="checkbox"/>	Q 5
4. Can access be gained to the adjacent property?	Yes	<input type="checkbox"/>	Q 5	No	<input type="checkbox"/>	Q 7
5. Are there acceptable means to examine the entire chimney/flue system i.e. inspection hatches and CO alarms installed?	Yes	<input type="checkbox"/>	Q 6	No	<input type="checkbox"/>	Q 9
6. Is the chimney/flue system complete/intact and effective with no identified defect(s) that constitutes an increased risk of chimney/flue failure?	Yes	<input type="checkbox"/>	Note 1 & 2	No	<input type="checkbox"/>	Note 3 & 4
7. Take all 'reasonable steps' to verify overall chimney/flue system integrity e.g. by <ul style="list-style-type: none"> <li>• Attempting to gain access</li> <li>• Arranging access with responsible person for building</li> </ul> Where access cannot be gained provide relevant address information to FIV database. Does evidence exist indicating any historical issues relating to concealed chimney/flues with the building/development and with no evidence of subsequent remedial action to correct the issue?	Yes	<input type="checkbox"/>	Q 8	No	<input type="checkbox"/>	Note 5
8. Does evidence constitute an immediate danger?	Yes	<input type="checkbox"/>	Note 3	No	<input type="checkbox"/>	Note 4
9. Is a COSSVM installed?	Yes	<input type="checkbox"/>	Q 10	No	<input type="checkbox"/>	Q 11
10. Is the COSSVM installed and operating correctly?	Yes	<input type="checkbox"/>	Note 1	No	<input type="checkbox"/>	Note 4
11. Does the ceiling/enclosure indicate any signs of distress along the route of the chimney/flue system, which cannot be, attributed to other causes e.g. water leaks etc?	Yes	<input type="checkbox"/>	Note 3	No	<input type="checkbox"/>	Note 4
12. Is the appliance safe to use?	Yes	<input type="checkbox"/>	No further action	No	<input type="checkbox"/>	Note 3/4

**Note 1.** Subject to appropriate operational safety checks in accordance with manufacturer's instructions and GSIUR 26(9), the boiler can be deemed safe and left operational.

**Note 2.** Examples of installation defects that may contribute to an increased risk of chimney/flue system failure include:

- Inadequate gradient/fall of the chimney/flue system back to the boiler liable to trap condensate, putting excessive strain on the chimney/flue system joints.
- Incorrect/inadequate chimney/flue system support, constituting significant risk of chimney/flue system failure.
- Signs of condensate/water leakage at chimney/flue system joints.
- Incorrect flue material/joints other than specified by the appliance manufacturer etc.

**Note 3.** Classify as Immediately Dangerous (ID). Affix "Danger Do Not Use" label, complete Warning Notice and with responsible persons permission disconnect boiler and complete a RIDDOR 6(2) Report.

**Note 4.** Classify as At Risk (AR). Carry out appropriate safety checks including combustion performance and confirm boiler is operating correctly, affix Warning label and with the responsible persons permission, turn off the boiler and complete a Warning Notice. Also recommend the installation of CO alarms and where chimneys/flues pass through adjoining property or communal areas, recommend to the Responsible Person for the building the installation of suitable CO protection equipment. Check the operation of any existing CO alarms.

**Note 5.** Provided that, from what can be determined from the parts of the installation that can be examined and where there is no evidence that the concealed chimney/flue system is otherwise unsafe the boiler can be reasonably considered safe and left operational, subject to appropriate and satisfactory operational safety checks in accordance with manufacturer's instructions and GSIUR 26(9).

COSSVM: Carbon monoxide Safety Shut-Off and monitoring System.

RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

GSIUR: Gas Safety (Installation and Use) Regulations.

FIV database: Flues in voids database. Visit our website <https://engineers.gassaferegister.co.uk/FluesInVoids.aspx>

Serial No

# MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD

This Safety Record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations.  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

**gas safe**  
REGISTER

Gas Safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

## Vehicle/Trailer Details

Vehicle  or Trailer  (please check relevant box )

Chassis/Serial Number \_\_\_\_\_

or

Reg Number \_\_\_\_\_

Trading Title \_\_\_\_\_

## Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Record Issued by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received By

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

	Appliance Type	Manufacturer	Model	Type of flue/ chimney	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1					mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2					mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3					mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4					mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Visual condition off flue/ chimney and termination <input checked="" type="checkbox"/>	Flue/Chimney operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

## Gas installation details

Is the LPG cylinder housing satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Is the ECV accessible, labelled and operable?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is visible gas pipework including gas hoses satisfactory?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the gas installation gas tight?	Yes <input type="checkbox"/> No <input type="checkbox"/>
LPG Regulator operating pressure	mbar
LPG Regulator lock-up pressure	mbar

## General safety

Is there a fire extinguisher(s) provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is a fire blanket provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the current safety record displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is 'Safe use of LPG information' displayed?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.

## Remedial Action Taken


## ATTENTION

Next safety  
check due by:

Serial No

# INSTALLATION/COMMISSIONING/DECOMMISSIONING RECORD

This Safety Record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations.  
Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



Gas Safe is a registered trade mark of HSE and is used under licence.

### Details of Registered Business

Gas Safe Register No \_\_\_\_\_  
Registered Engineer's Name \_\_\_\_\_  
Gas Safe Register Licence Number \_\_\_\_\_  
Business \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

### Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

### Details of Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Contact No \_\_\_\_\_

### Record Issued by:

Signature: \_\_\_\_\_  
Print Name: \_\_\_\_\_

### Received By

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

### Work type (tick all that apply)

Installation  LPG  Domestic  Commissioning  Catering   
NG  Non-domestic  Decommissioning  Other

### Detailed description of work carried out

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Description of additional work required

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the gas installation/appliance(s) safe to use? Yes/No\*/NA   
Have warning labels been affixed? Yes/No/NA   
\*If No, issue a Warning/Advisory Record (insert serial No.) \_\_\_\_\_





Serial No \_\_\_\_\_

**NOT TO CURRENT STANDARDS****ADVICE NOTICE****GAS safe**  
REGISTERRegistered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

Gas safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business** \_\_\_\_\_

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Site** \_\_\_\_\_

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Note: A gas appliance/installation has been identified which does not meet the current requirements for the installation of gas appliance/installations. This does not mean that the installation is unsafe and as such the appliance/installation can be continued to be used safely. Where practical, consideration should be given to bringing the installation up to date to meet current requirements.

	Appliance Type	Location	Issues identified on gas equipment (tick appropriate boxes) <input checked="" type="checkbox"/>				
			Meter Issue	Pipework Issue	Chimney/Flue	Ventilation	Other (specify below)
1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Describe the Not to Current Standards situation(s) identified on the Gas Equipment**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

**Detail what would be required to be done to bring the situation up to date in accordance with current installation requirements**

1 \_\_\_\_\_  
 2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

I confirm that as the responsible person for this gas installation at the address detailed above and that I have been served this Advice Notice. Note: Although identified as 'Not to Current Standards' the appliance is not unsafe and can be continued to be used safely.

Responsible person signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

I confirm that the situations recorded above have been identified and brought to the attention of the Responsible Person in accordance with guidance detailed in Gas Industry Unsafe Situations Procedure.

Gas Safe Engineer's signature \_\_\_\_\_

Date of issue \_\_\_\_\_

The responsible person was not present. Where possible the gas installation has been made safe and a record left at the premises. **18**

Serial No \_\_\_\_\_

# NON DOMESTIC LEGIONELLA RISK ASSESSMENT FOR HOT & COLD WATER SERVICES

**Business Name** \_\_\_\_\_  
 Engineer's Name \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

**Details of Site** \_\_\_\_\_  
 Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

### Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

### Tenant, Property and System Details

Is there any tenant, resident or regular visitor particularly susceptible to Legionella due to age, health or lifestyle? Yes  No

Describe type of cold water system  
e.g. mains fed only, from storage tank or mixture of both \_\_\_\_\_

Describe type of hot water system  
e.g. Unvented cylinder, combi-boiler or cylinder fed from a tank \_\_\_\_\_

### Water outlet temperature

Is cold water temperature at outlets below 20°C? Yes  No

Is the hot water temperature above 50°C at outlets? Yes  No

### If No Recommendation

### Cold Water System

Is there a cold water tank present? Yes  No

If above question is answered "No" move on to Hot Water System section

Is the tank accessible? Yes  No

Is the tank located in a cool place and protected from extremes of temperature? Yes  No

Is the temperature of the water in the tank below 20°C? Yes  No

Is the tank insulated to prevent temperature rising above 20°C? Yes  No

Is the tank fitted with a cover and insect screen(s) on any pipework open to the atmosphere? Yes  No

Is the water in the tank clean and free from rust, debris, scale and organic matter? Yes  No

Are low use outlets installed upstream of higher use outlets? Yes  No

### Hot Water System

Is the hot water heated to a temperature of 60°C? Yes  No

Are the hot water distribution pipes adequately insulated to prevent delivered water falling below 50°C? Yes  No

Does the system incorporate shower valves? Yes  No

If 'Yes' how many? \_\_\_\_\_

Does the system incorporate any thermostatic mixing valves? Yes  No

If 'Yes' how many? \_\_\_\_\_

Identified Risk/Defect:	Recommendation

Signature of Assessor: \_\_\_\_\_  
 Date of Assessment: \_\_\_\_\_  
 Next Assessment required by: \_\_\_\_\_

Additional areas of risk	Advice	Action Required	Recommendation
Showers/Mixing Valves	Are showers/mixing valves correctly installed and maintained in good condition; i.e. shower head cleaned, disinfected and descaled at least once every six months	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Dead Legs and redundant pipework on the property	Any dead legs in pipework should be removed or the system altered so that water flows through all pipework on a regular basis.	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Properties left unoccupied for extended periods of time	Recommend flushing systems on at least a weekly basis	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Serial No \_\_\_\_\_

# GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



Gas safe is a registered trade mark of HSE and is used under licence.

**Details of Registered Business**

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Site**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Number of Appliances tested**

Appliance Details							
	Location of	Type	Manufacturer	Model	Owned by Landlord Yes/No	Inspected Yes/No	Type of chimney/flue
1							
2							
3							
4							
5							

Inspection Details										
	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of chimney flue and termination Pass/Fail/NA	Chimney/Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	<b>SAFE TO USE</b> Yes/No
1										
2										
3										
4										
5										

Defect(s) Identified		GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1			
2			
3			
4			
5			

**Remedial Action Taken** numbering should correspond to defects above.

1	
2	
3	
4	
5	

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA

Outcome of gas supply pipework visual inspection? Pass / Fail / NA

Is the Emergency Control Valve access satisfactory? Pass / Fail

Outcome of gas tightness test? Pass / Fail / NA

Is the Protective Equipotential Bonding satisfactory? Pass / Fail

Record issued by: Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Received by: Signature \_\_\_\_\_ Tenant/Landlord/Homeowner/Agent

Date appliance(s) checked \_\_\_\_\_



**ATTENTION**

Next safety check due by:



Serial No \_\_\_\_\_

# CARBON MONOXIDE (CO) REPORTED INVESTIGATION REPORT

(INVESTIGATION CONDUCTED IN ACCORDANCE WITH BS 7967: 2015)  
Registered Businesses/engineers can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500



Gas safe is a registered trade mark of HSE and is used under licence.

Tick boxes as appropriate

**Details of Registered Business**

Gas Safe Register No \_\_\_\_\_

Registered Engineer's Name \_\_\_\_\_

Gas Safe Register Licence Number \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Location of Premises**

Customer Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Detail rectification work undertaken, or required.**

\_\_\_\_\_

\_\_\_\_\_

**Investigation Conclusions (Detail issues identified)**

\_\_\_\_\_

\_\_\_\_\_

**Event/Reported Details** follow flow of arrows to end of line then on to next line

What problem reported? \_\_\_\_\_

When did event happen? \_\_\_\_\_

Is there any pattern to occurrences? Yes  No

If 'Yes' what is the pattern? \_\_\_\_\_

CO Symptoms Reported: \_\_\_\_\_

Was medical assistance sought? Yes  No

Gas appliances identified in use at time Yes  No

If 'Yes' detail No. of (add details to 'Appliance Section' below) \_\_\_\_\_ qty

Any other fuel burning appliances in use? Yes  No

If 'Yes' Identify appliance(s) \_\_\_\_\_

Gas appliance confirmed as source of CO Yes  No

If 'No' other fuelled appliance thought to be involved? Yes  No

Other fuel burning device suspected Yes  No

Migration of CO from other source suspected Yes  No

Weather conditions at time of event: \_\_\_\_\_

Weather conditions at time of test: \_\_\_\_\_

**Initial Site Inspection**

CO Presence Confirmed? Yes  No

CO atmosphere readings \_\_\_\_\_ ppm

Confirmed as Safe to enter? Yes

Has an incident been reported under RIDDOR? Yes  No

If 'Yes' agreement reached to conduct investigation? Yes  No

Appliance(s) Investigation	Gas Appliance 1	Gas Appliance 2
Appliance Type:		
Make:		
Model:		
Serial No.:		
Location		
Gas Type:	<input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG	<input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG
Chimney/Flue Type:	<input type="checkbox"/> Flueless <input type="checkbox"/> Open Flued <input type="checkbox"/> Room Sealed	<input type="checkbox"/> Flueless <input type="checkbox"/> Open Flued <input type="checkbox"/> Room Sealed
General Condition:	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Sooty Other _____	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> Sooty Other _____
Condition of Flue & Terminal:	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> NA	<input type="checkbox"/> Good <input type="checkbox"/> Poor <input type="checkbox"/> NA
Open Flue: Flue Flow & Spillage Test:	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA	<input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA
Ventilation Satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Burner Pressure:	_____ mbar <b>OR</b> Gas Rate _____ kW	_____ mbar <b>OR</b> Gas Rate _____ kW
Combustion:	_____ CO _____ CO <sub>2</sub> _____ CO/CO <sub>2</sub> Ratio	_____ CO _____ CO <sub>2</sub> _____ CO/CO <sub>2</sub> Ratio

**Completion Status**

Problems were identified (as detailed left) and made safe  Yes  No

If 'Yes' Recorded as:  At Risk  Immediately Dangerous

Rectification work completed/ required as detailed (to left)  Yes  No

The installation is safe to use and no defects were identified  Yes  No

Status on completion:  Left On  Disconnected  Turned off  Labelled

Installation Tightness test:  Pass  Fail

CO Atmosphere Reading after Test: \_\_\_\_\_ ppm

**Gas Engineer's signature**

\_\_\_\_\_

Date: \_\_\_\_\_



Serial No

# MINOR ELECTRICAL INSTALLATION WORKS CERTIFICATE (BS7671)

To be used for minor works which does not include the provision of a new circuit

Tick boxes as appropriate 

**Business Name** \_\_\_\_\_

Engineer's Name \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Email Address \_\_\_\_\_

Website Address \_\_\_\_\_

**Location of Premises** \_\_\_\_\_

Customer Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Description of Minor Works										
Date minor works completed:								Job Number:		
Location/Address:										
Description of minor works:										
Details of departures, if any, from BS7671 : (as amended)										
<b>System Comprises:</b>	Boiler <input type="checkbox"/>	Pump <input type="checkbox"/>	Prog/Clock <input type="checkbox"/>	Motorised Valve(s) <input type="checkbox"/>	Room Stat <input type="checkbox"/>	Cylinder Stat <input type="checkbox"/>	Frost Stat <input type="checkbox"/>	Pipe Stat <input type="checkbox"/>	Cylinder Stat <input type="checkbox"/>	Warm Air Unit <input type="checkbox"/>
	Fuse Connection Unit <input type="checkbox"/>	Socket Outlet <input type="checkbox"/>	Shower Pump <input type="checkbox"/>	Electric Shower <input type="checkbox"/>						
<b>Others (detail):</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Section 2. Installation Details									
System Earth Arrangements:	TN-C-S <input type="checkbox"/>	TN-S <input type="checkbox"/>	TT <input type="checkbox"/>	TN-C <input type="checkbox"/>	IT <input type="checkbox"/>				
Method of Fault Protection:									
Protective device for the modified circuit BS (EN):				Type:				Rating:	A
Residual Current Device (if applicable) BS (EN):				Type:				Rating:	mA
Wiring type (of modified circuit):		Ref Method:		Cable CSA:	mm <sup>2</sup>	Protective Conductor CSA:	mm <sup>2</sup>		
Maximum. disconnection time permitted by BS 7671:				sec.	Maximum Zs permitted by BS 7671:			Ω	
Comments on existing installation, including adequacy of earthing and bonding arrangements:									

Section 3. Essential Inspection And Testing									
Earth Continuity Satisfactory:	<input type="checkbox"/>	Polarity Satisfactory:	<input type="checkbox"/>	Protective Bonding Adequate:	<input type="checkbox"/>	Instrument Serial Number:			
Circuit Resistance:	R1 +R2	Ω	or R2	Ω	Maximum. Earth Loop Impedance:				
<b>Insulation Resistance:</b>	Line/Line:	MΩ	Line/Neutral:	MΩ	Line/Earth:	MΩ	Neutral/Earth:	MΩ	
<b>Residual Current Device (if fitted) Operation:</b>	Operating Current I <sub>Δn</sub>			mA	Disconnection time at I <sub>Δn</sub>	ms	Disconnection time at 5I <sub>Δn</sub>	ms	
Detail any limitations on inspection and testing:									

I CERTIFY that the said works do not impair the safety of the existing installation, that the said works have been designed, constructed inspected and tested in accordance with BS7671: (IET Wiring Regulations) as amended to \_\_\_\_\_ (date) and that the said works to the best of my/our knowledge and belief, at the time of my inspection complied with BS7671: except as detailed in Section 1 above.

Issued by: Name

Position

Date

22

Serial No

# MAINS PRESSURE HOT WATER CYLINDER COMMISSIONING CHECKLIST

Tick boxes or enter details of numbers or measurements as appropriate 

## Details of Installer's Business

Reference No \_\_\_\_\_  
 Engineer's Name \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Location of Premises

Customer Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## DECLARATION

I confirm that this record is a true and accurate representation of the commissioning of the hot water installation at the above address carried out on this date.

The installation is confirmed as safe to use and has been put into service.

Engineers signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Controls

<b>Independent Time &amp; Temperature Control of Hot water:</b>		<input type="checkbox"/> Programmer/Timer, Cylinder Thermostat & Motorised Valve	
<b>Control System Type:</b>	<input type="checkbox"/> Y Plan	<input type="checkbox"/> S Plan	<input type="checkbox"/> Other _____
<b>Primary System Type:</b>	<input type="checkbox"/> Sealed System	<input type="checkbox"/> Open Vented System	
Primary flow maximum temperature set to: _____ °C		Back-up immersion heater element Installed	<input type="checkbox"/> Yes <input type="checkbox"/> No
Time and temperature controls have been fitted in compliance with Part L of the Building Regulations?			<input type="checkbox"/> Yes

## System

What is the incoming static cold water pressure to the system?	_____ bar	Has a strainer been cleaned of installation debris (if fitted)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the installation in a hard water area? (above 200ppm)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scale reducer fitted	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the hot water temperate set to?	_____ °C	Hot water temperature measured at nearest hot water outlet _____ °C	
Maximum flow rate of hot water measured (at largest flow outlet)	_____ litres/min		
All appropriate pipes have been insulated up to 1 metre or the point where they become concealed			<input type="checkbox"/> Yes

## Cylinder Type

<input type="checkbox"/> Unvented Cylinder	<input type="checkbox"/> Thermal Store	Is the cylinder solar (or other renewable) compatible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Make: _____	Model: _____	Serial No.: _____	

## Unvented Cylinders Only (for Thermal Stores see below)

Capacity of Stored Water	_____ litres	Where is the pressure reducing valve situated (if fitted)?	_____
Has a combined temperature/pressure relief valve and expansion valve been fitted and discharge tested?			<input type="checkbox"/> Yes <input type="checkbox"/> No
The tundish and discharge pipework have been connected and terminated to Part G of the Building Regulations			<input type="checkbox"/> Yes
Are all energy sources fitted with a cut out device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the expansion vessel or internal air space been checked?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Thermal Stores Only

Capacity of Stored Water	_____ litres	What store temperature has been achieved?	_____ °C
--------------------------	--------------	---	----------

## Completion

The cylinder and associated controls have been installed and commissioned in accordance with the manufacturer's instructions and Building Standards/Regulations	<input type="checkbox"/> Yes
The operation of the cylinder and controls have been demonstrated to and understood by the customer	<input type="checkbox"/> Yes
All manufacturer's user manuals have been explained and left with the customer	<input type="checkbox"/> Yes

Serial No \_\_\_\_\_

# POWERFLUSHING CHECKLIST

TICK BOXES OR ENTER RETAILS OF NUMBERS OR MEASUREMENTS AS APPROPRIATE

Gas Safe is a registered trade mark of HSE and is used under licence.

**Details of Engineer's Business**

Reference Number \_\_\_\_\_

Engineer's Name \_\_\_\_\_

Email Address \_\_\_\_\_

Business \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Site**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Details of Landlord (or agent where appropriate)**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

**Declaration** – The undersigned has Powerflushed the system according to best practice and following procedures detailed in code of practice BS7593:2006.

Gas Safe  
Engineer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Type of System:</b>	Vented <input type="checkbox"/>	Sealed <input type="checkbox"/>	Fully pumped <input type="checkbox"/>	Gravity hot water <input type="checkbox"/>	Thermal store <input type="checkbox"/>
<b>Age of System:</b>	Boiler:		Radiators:		Pipework:
<b>Type of Boiler:</b>	Conventional <input type="checkbox"/>		Combi type incl. System Boiler <input type="checkbox"/>		Condensing <input type="checkbox"/>
<b>Location of Boiler:</b>			<b>Serial Number:</b>		
<b>Type of Water Cyinder:</b>	none (combi system) <input type="checkbox"/>	Conventional Indirect <input type="checkbox"/>	Primatic / Fortic <input type="checkbox"/>	Thermal store <input type="checkbox"/>	
<b>Type of Pipework:</b>	Copper 15mm / 22mm <input type="checkbox"/>		Microbore <input type="checkbox"/>	Single pipe <input type="checkbox"/>	Steel pipe work? <input type="checkbox"/>
<b>If Microbore system:</b>	are twin entry radiator valves fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, are all radiators completely warm when boiler fired? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>If single pipe system:</b>	is there circulation (heat) to all radiators? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>If elderly steel pipe work:</b>	is system sufficiently sound to power flush? Yes <input type="checkbox"/> No <input type="checkbox"/>				
<b>Location of system circulator pump:</b>	In boiler casing <input type="checkbox"/>	Adjacent to boiler <input type="checkbox"/>	In airing cupboard <input type="checkbox"/>	Elsewhere? <input type="checkbox"/>	
<b>Number of radiators:</b>	Steel/Cast Iron	Aluminium	Are they all getting warm? Yes <input type="checkbox"/> No <input type="checkbox"/>		TRV's Fitted? Yes <input type="checkbox"/> No <input type="checkbox"/>
		Any obvious signs of neglect/leaks? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do all thermostatic radiator valves (TRV's) open fully? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>Are there zone valves / Where are they located:</b>	Number of valves		Airing cupboard Yes <input type="checkbox"/> No <input type="checkbox"/>		Elsewhere?
<b>F &amp; E Tank:</b>	Location		Checked ? Yes <input type="checkbox"/> No <input type="checkbox"/>		Condition?
<b>Colour of heating system water, as run from bottom of a radiator:</b>	Clear <input type="checkbox"/>	Orange <input type="checkbox"/>	Dark Brown <input type="checkbox"/>	Grey <input type="checkbox"/>	Black <input type="checkbox"/>
<b>Visual Inspection of system water before Powerflush:</b>	Clear <input type="checkbox"/>	Orange <input type="checkbox"/>	Dark Brown <input type="checkbox"/>	Grey <input type="checkbox"/>	Black <input type="checkbox"/>

Test Parameter	pH	Chloride (ppm)	Hardness	Inhibitor (ppm molybdate)
Mains Water				
System water before Powerflush				
System water after Powerflush				

<b>TDS Readings</b>	<b>Mains Water:</b>	ppm	<b>System water before flush:</b>	ppm	<b>System water after flush:</b>	ppm
---------------------	---------------------	-----	-----------------------------------	-----	----------------------------------	-----

Radiator	Temperature Before Powerflush in °C				Temperature After Powerflush in °C				Radiator	Temperature Before Powerflush in °C				Temperature After Powerflush in °C			
	Top	Bottom	Left	Right	Top	Bottom	Left	Right		Top	Bottom	Left	Right	Top	Bottom	Left	Right
1									11								
2									12								
3									13								
4									14								
5									15								
6									16								
7									17								
8									18								
9									19								
10									20								



Serial No

# VOID PROPERTY WORK RECORD

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500**GAS safe**  
REGISTER

Gas safe is a registered trade mark of HSE and is used under licence.

## Details of Registered Business

Gas Safe Register No \_\_\_\_\_  
 Registered Engineer's Name \_\_\_\_\_  
 Gas Safe Register Licence Number \_\_\_\_\_  
 Business \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Details of Site

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

## Details of Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

Record Issued by:

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Received By

Signature: \_\_\_\_\_

Tenant/Homeowner/Agent

## Gas Meter (please tick as appropriate)

Location, Condition & Support Satisfactory?	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>		
Meter reading				
Meter located	Internal <input type="checkbox"/>	External <input type="checkbox"/>		
Token or Credit	Token <input type="checkbox"/>	Credit <input type="checkbox"/>		
Gas Available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
ECV Satisfactory	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Main Protective Equipotential bonding Satisfactory	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Meter Safety Classification	UC <input type="checkbox"/>	ID <input type="checkbox"/>	AR <input type="checkbox"/>	NCS <input type="checkbox"/>
Meter Defects & Notes:				

## Cooker

Gas cooker point	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bayonet removed & capped off	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## Appliance 1

Appliance Type				
Make				
Model				
Appliance Operation	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>		
Reason not operated				
Condition of appliance	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	
Appliance Safety Classification	UC <input type="checkbox"/>	ID <input type="checkbox"/>	AR <input type="checkbox"/>	NCS <input type="checkbox"/>
Appliance 1 Defects & Notes:				

## Appliance 2

Appliance Type				
Make				
Model				
Appliance Operation	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>		
Reason not operated				
Condition of appliance	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>	
Appliance Safety Classification	UC <input type="checkbox"/>	ID <input type="checkbox"/>	AR <input type="checkbox"/>	NCS <input type="checkbox"/>
Appliance 2 Defects & Notes:				

Additional gas appliances present?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------------	------------------------------	-----------------------------

If yes please complete an additional work record for details

## Ventilation (please tick as appropriate)

Ventilation satisfactory	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Ventilation Defects & Notes:		

## Chimney

Chimney type:	OF <input type="checkbox"/>	FL <input type="checkbox"/>	RS <input type="checkbox"/>
Visual inspection of chimney	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	
Chimney system Defects & Notes:			

## Supply

Gas Supply capped at meter	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Warning notice issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Un-commissioned label affixed to ECV and all Appliances	Yes <input type="checkbox"/>	No <input type="checkbox"/>

## Immersion Heater

Gas cooker point	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Bayonet removed & capped off	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## Hot Water

Visual inspection of hot water storage, associated controls, cold water storage and F&E tanks correctly supported & insulated with by-law 30 kits?	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>
Defects & Notes:			

## Radiators

Condition of all Radiators & Valves and Water Tightness?	Good <input type="checkbox"/>	Average <input type="checkbox"/>	Poor <input type="checkbox"/>
Defects & Notes:			

Safety Classification Definitions:  
 Un-commissioned (UC), At Risk (AR),  
 Immediately Dangerous (ID),  
 Not to Current Standards (NCS).  
 Please positively record your findings.

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