

GAS INSTALLATION / SAFETY RECORD

Serial No.

3157249

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

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

Name:

Address: 28 Bagholme Rd
Lincoln

Postcode

Tel No.

Landlord / Letting Agent / Park: (delete as applicable)

Name:

Address: G SMITH
30 CHURCH RD
SAXILBY

Postcode

Tel No.

Company details:

Name:

Address:

P K PLUMBING
P KIRK
12 Flinders way
Lincoln

Postcode LN3465

Tel No.

Gas Safe Registration No. 209958

NB. To Customer, Tenant, Landlord or Responsible Person.

It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box)

Safety Check ☒

Installation ☐

Service ☐

Repairs ☐

Meter/Emergency Yes ☒

Control Accessible? No ☐

Gas Meter and Installation Yes ☒

(visible) Pipework Satisfactory? No ☐

Gas Installation Tightness Yes ☒

Test Satisfactory? No ☐

Fuel Type: (tick box)

Natural Gas ☒

L.P.G. ☐

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

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER							
TYPE		Boiler	Hot				
MAKE		IDEAL	Amone				
MODEL		LOGIC	(001)				
FLUE TYPE	RS/OF/FL	V2S	EC				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED/SERVICED	I/S						
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA				
FLUE VISUAL CHECK	P/F/NA	P	NA				
FLUE FLOW SATISFACTORY	P/F/NA	P	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19mB	19mB				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0006					
APPLIANCE SAFE TO USE	Y/N	Y	Y				
WARNING LABEL ATTACHED	Y/N						
WARNING NOTICE ISSUED	Y/N						
REASON CODE - ID/NCS/AR/NCA							

Appliance Details of any faults/remedial work required:

Details of any work carried out:

1		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)

The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Date: 26/7/07

Operative Name: (in capitals)

Signed: (by Operative)

Gas Safe Card Serial No.

Customer Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested:

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.
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**NEXT SAFETY CHECK DUE WITHIN
12 MONTHS OF THE ABOVE DATE**