

GAS INSTALLATION / SAFETY RECORD

The work recorded in 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: **1 MALBOROUGH GROVE**
Postcode: **YO10 4AY**
Tel No. _____

Company details:
Name: **BOSS CONTROLS**
Address: **59 IRON AVE**
Postcode: **YO31 7TU**
Tel No. **0794 111 4288**
Gas Safe Registration No. **196210**

Landlord / Letting Agent / Park: (delete as applicable)
Name: **ZAC TQBAL**
Address: **33 HESINGTON RD**
Postcode: **YO10 5AU**
Tel No. _____

Serial No. 4420050

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 Control Accessible? Yes ☒ No ☐
Gas Meter and Installation (visible) Pipework Satisfactory? Yes ☒ No ☐
Gas Installation Tightness Test Satisfactory? Yes ☒ No ☐
Fuel Type: (tick box) Natural Gas ☒ L.P.G. ☐

Appliance Details:		Is the Installation Safe to Use: (Yes/No)					
	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN	KITCHEN			
OWNER		LORD.	LORD	LORD			
TYPE		COMBI	HOB.	HOB			
MAKE		WORRESTER	ZANUSSI	ZANUSSI			
MODEL		40CDi	40KING	4 RING RICH.			
FLUE TYPE	RS/OF/FL	RS	FL	FL			
FUEL TYPE	NG/LPG	NG	NG	NG			
INSPECTED / SERVICED	I/S	1	1	1			
VENTILATION SATISFACTORY	Y/N/NA	Y	Y	Y			
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y	Y			
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA	NA			
FLUE VISUAL CHECK	P/F/NA	P.	NA	NA			
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA	NA			
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA	NA			
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19mbar	NA	NA			
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N	N			
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0010					
APPLIANCE SAFE TO USE	Y/N	Y	Y	Y			
WARNING LABEL ATTACHED	Y/N	N	N	N			
WARNING NOTICE ISSUED	Y/N	N	N	N			
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1	HOT WATER PRV FAIL	NEW 18L EXPANSION VALVE
2		+ MULTIFUNCTION VALVE
3	LEAKY HOB. LF NOT LIGHTING	
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.

Operative Name: (in capitals) **MICHAEL COLLES** Signed: (by Operative) _____
Customer Name: (in capitals) _____ Signed: (by Customer) _____

Gas Safe Card Serial No. **5628 055**
Number of Appliances Tested: **2**

Date: **27 NOV 2014**