

GAS INSTALLATION / SAFETY RECORD

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



ALL-SERV

HEATING & ELECTRICAL ENGINEERS

Customer / Tenant / Pitch or Location: (delete as applicable)
Name: D FERLUSON
Address: FLATS NIOLA GARDENS
Postcode: CH45 4SB
Tel No.

Address: 25 Pembroke Ave
Blackpool Postcode: KY2 9PA
Tel No. 624001
Gas Safe Registration No.

Landlord / Letting Agent / Park: (delete as applicable)
Name: MR. MIKE GARGAN
Address: FLAT A
196 WALASEY Rd
Postcode: CH45
Tel No.

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.

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

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		Bedroom					
OWNER							
TYPE		Boiler					
MAKE		Ferrol					
MODEL		domicans					
FLUE TYPE	RS / OF / FL	B					
FUEL TYPE	NG / LPG	ng					
INSPECTED / SERVICED	I / S	i					
VENTILATION SATISFACTORY	Y / N / NA	NA					
SAFETY CONTROL(S) WORKING	Y / N / NA	Y					
FLUE TERMINATION SATISFACTORY	Y / N / NA	Y					
FLUE VISUAL CHECK	P / F / NA	P					
FLUE FLOW SATISFACTORY	P / F / NA	NA					
SPILLAGE TEST SATISFACTORY	P / F / NA	NA					
WORKING PRESSUR or HEAT INPUT	mbar, kW/h	22.5kw					
FLUE GAS ANALYSIS PERFORMED	Y / N / NA	Y					
ANALYSIS RESULT CO / CO2 RATIO	%	NA					
APPLIANCE SAFE TO USE	Y / N	Y					
WARNING LABEL ATTACHED	Y / N	Y					
WARNING NOTICE ISSUED	Y / N	Y					
REASON CODE - ID / AR / NCA							

Appliance	Details of any faults / remedial work required:	Details of any work carried out:
1	no gas meter found	
2		
3	no gas isolation unit	
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) 27/05/11
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) S. [Signature] Signed: (by Operative) [Signature] Gas Safe Card Serial No. 624001
Customer Name: (in capitals) MR M. GARGAN Signed: (by Customer) [Signature] Number of Appliances Tested: 1