



# GAS BOILER COMMISSIONING CHECKLIST

## isar HE24

WM 20323800021354 0747 07/11/25

NOTIFICATION No. \_\_\_\_\_

### CONTROLS To comply with the Building Regulations, each section must have a tick in one or other of the boxes

TIME & TEMPERATURE CONTROL TO HEATING	ROOM T/STAT & PROGRAMMER/TIMER <input type="checkbox"/>	PROGRAMMABLE ROOMSTAT <input type="checkbox"/>
TIME & TEMPERATURE CONTROL TO HOT WATER	CYLINDER T/STAT & PROGRAMMER/TIMER <input type="checkbox"/>	COMBI BOILER <input type="checkbox"/>
HEATING ZONE VALVES	FITTED <input type="checkbox"/>	NOT REQUIRED <input type="checkbox"/>
HOT WATER ZONE VALVES	FITTED <input type="checkbox"/>	NOT REQUIRED <input type="checkbox"/>
THERMOSTATIC RADIATOR VALVES	FITTED <input checked="" type="checkbox"/>	
AUTOMATIC BYPASS TO SYSTEM	FITTED <input checked="" type="checkbox"/>	NOT REQUIRED <input type="checkbox"/>

### FOR ALL BOILERS CONFIRM THE FOLLOWING

THE SYSTEM HAS BEEN FLUSHED IN ACCORDANCE WITH THE BOILER MANUFACTURER'S INSTRUCTIONS?

THE SYSTEM CLEANER USED FS

THE INHIBITOR USED FI

### FOR THE CENTRAL HEATING MODE, MEASURE & RECORD

GAS RATE 21.1 m<sup>3</sup>/hr  ft<sup>3</sup>/hr

BURNER OPERATING PRESSURE (IF APPLICABLE)  N/A  mbar

CENTRAL HEATING FLOW TEMPERATURE N/A °C

CENTRAL HEATING RETURN TEMPERATURE  °C

### FOR COMBINATION BOILERS ONLY

HAS A WATER SCALE REDUCER BEEN FITTED? YES  NO

WHAT TYPE OF SCALE REDUCER HAS BEEN FITTED? \_\_\_\_\_

### FOR THE DOMESTIC HOT WATER MODE, MEASURE & RECORD

GAS RATE 23.4 m<sup>3</sup>/hr  ft<sup>3</sup>/hr

MAXIMUM BURNER OPERATING PRESSURE (IF APPLICABLE)  N/A  mbar

COLD WATER INLET TEMPERATURE N/A °C

HOT WATER OUTLET TEMPERATURE  °C

WATER FLOW RATE  lts/min

### FOR CONDENSING BOILERS ONLY CONFIRM THE FOLLOWING

THE CONDENSATE DRAIN HAS BEEN INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS? YES

### FOR ALL INSTALLATIONS CONFIRM THE FOLLOWING

THE HEATING AND HOT WATER SYSTEM COMPLIES WITH CURRENT BUILDING REGULATIONS

THE APPLIANCE AND ASSOCIATED EQUIPMENT HAS BEEN INSTALLED AND COMMISSIONED IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS

IF REQUIRED BY THE MANUFACTURER, HAVE YOU RECORDED A CO/CO<sub>2</sub> RATIO READING? N/A  YES  CO/CO<sub>2</sub> RATIO \_\_\_\_\_

THE OPERATION OF THE APPLIANCE AND SYSTEM CONTROLS HAVE BEEN DEMONSTRATED TO THE CUSTOMER

THE MANUFACTURER'S LITERATURE HAS BEEN LEFT WITH THE CUSTOMER

COMMISSIONING ENG'S NAME PRINT S. CHARPOT CORGI ID No. 701253702

SIGN [Signature] DATE 13/1/08

39545

# GAS SAFETY RECORD

This form allows the recording of the results of the required checks as defined by The Gas Safety (Installation and Use) Regulations. The information recorded on this form does not confirm that the installation was installed by a Registered Installer or that the installation complies with any relevant Building Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

Registered Business Details CORGI REG NO 2042276 (Print name)  
 Gas operative S SHARPS  
 CORGI ID card serial No. 201252702  
 Company ICLONA SERVICES LTD  
 Address FACE HOUSE ARMSFIELD  
TEMPLE NEWCASTLE  
 Postcode NE11 0JG Tel No. \_\_\_\_\_

Job Address  
 Name (Mr/Mrs/Miss/Ms) HOCKENHULL  
 Address 45 GAUTBY RD  
BIRKENHEAD  
 Postcode C11 4TD Tel No. \_\_\_\_\_  
 Rented accommodation Yes / No   
 No. of appliances tested \_\_\_\_\_

Client/Landlord's Details if different  
 Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_ Tel No. \_\_\_\_\_

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL	Operating pressure in mbars or heat input kW/h or Btu/h	Combustion analyser reading (if applicable)	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Visual condition of flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
1	BOILER	IDEAL	ISAR	NO	YES	RS	24	NA	YES	YES	YES	PASS	NO	YES
2	W.C. FIRE	NA	NA	NO	NO	NA	NA	NA	NA	NA	NA	NA	NO	NA
3	WATER COOKER	NA	NA	NO	NO	NA	NA	NA	NA	NA	NA	NA	NO	NA
4														

Gas installation pipework satisfactory visual inspection YES/NO  
 Emergency Control accessible YES/NO  
 Satisfactory gas tightness test YES/NO/NA  
 Gas tightness bonding satisfactory YES/NO

This Safety record is issued by: Signed \_\_\_\_\_  
 Received by: Signed S. SHARPS  
 Date appliance(s)/flue(s) checked: 16-1-08

Print name S. SHARPS  
 Tenant/Landlord/Agent/Home Owner