

Serial No.

002351

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



Customer / Tenant / Pitch or Location: (delete as applicable)	Company Details:
Name: <u>Ashstead Savash club.</u>	Name: <u>AGS Ltd.</u>
Address: <u>39 Skinners lane</u>	Address: <u>PO Box 75</u>
<u>Ashstead - Surrey.</u>	<u>Dursley - Glos.</u>
Postcode: <u>GU21 2NN.</u>	Postcode: <u>GL11 6WX.</u>
Tel. No.	Tel. No. <u>01453 547700</u>
Landlord / Letting Agent / Park: (delete as applicable)	Gas Safe Registration No. <u>18122</u>
Name:	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.
Address:	
Postcode:	
Tel. No.	

Type of Work done: (tick box)	Safety Check <input type="checkbox"/>	Installation <input type="checkbox"/>	Service <input checked="" type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	<i>At units only</i>	
Fuel Type: (tick box)	Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	Is the Installation Safe to Use: (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <u>Yes</u>)		

Appliance Details	Answer	1	2	3	4	5	6
LOCATION		site	site	site	site		
OWNER		"	"	"	"		
TYPE		Radiant	Radiant	Radiant	Radiant		
MAKE		Systema	Systema	Systema	Systema		
MODEL		5 plus	5 plus	5 plus	5 plus		
FLUE TYPE	RS/ OF/ FL	of	of	of	of		
FUEL TYPE	NG/LPG	2	2	2	2		
INSPECTED/ SERVICED	I/S	S	S	S	S		
VENTILATION SATISFACTORY	Y/N/NA	Y	Y	Y	Y		
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y	Y	Y		
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	Y	Y	Y		
FLUE VISUAL CHECK	P/F/NA	Y	Y	Y	Y		
FLUE FLOW SATISFACTORY	P/F/NA	Y	Y	Y	Y		
SPILLAGE TEST SATISFACTORY	P/F/NA	Y	Y	Y	Y		
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	15/26	15/26	15/26	15/26		
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	Y	Y	Y		
ANALYSIS RESULT CO/C02 RATIO	%	11	11	11	11		
APPLIANCE SAFE TO USE	Y/N	Y	Y	Y	Y		
WARNING LABEL ATTACHED	Y/N	Y	Y	Y	Y		
WARNING NOTICE ISSUED	Y/N	Y	Y	Y	Y		
REASON CODE- 10/NCS/ AR/NCA		1	1	1	1		

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1	(see Job sheet)	(Amc)
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)		Date:
The customer / tenant/landlord / responsible person has been informed of any faults/remedial works required to bring the Installation up to standard.		
Operative Name: (in capitals) <u>U Basson</u>	Signed: (by Operative) <i>[Signature]</i>	Gas Safe Card Serial No. <u>18122</u>
Customer Name: (in capitals) <u>ASHSTEAD</u>	Signed: (by Customer) <i>[Signature]</i>	Number of Appliances Tested: <u>(4)</u>

NEXT SAFETY CHECK DUE WITHIN