

GAS INSTALLATION SAFETY REPORT (NON-DOMESTIC)

SERIAL N°

CP17 0064710



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Where only visual checks are undertaken, recording a YES in 'Appliance Safe' is based only on a visual check for obvious defects with no physical tests completed. Chimney systems, when checked, were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations.

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JOB ADDRESSRented Accommodation (Yes / No) **NO**

Name: **EMENSE CENTRE**
Address: **BROMLEY BY BOW**
LONDON
Postcode: **E3 3DA**
Tel No:

CLIENT DETAILS (If appropriate)

Name: **DPC LTD**
Address: **AS 1 of 2**
Postcode:
Tel No:

REGISTERED BUSINESS DETAILS

Reg No: **524717**
Company:
Address: **AS 1 of 2**
Postcode:
Tel No:

APPLIANCE DETAILSNo. of Appliances Listed Below: **2**

	Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Appliance Checked (Yes/No)
1	PLANT ROOM	Boiler	Hoval	ULTRASAS	O/K	YES
2	PLANT ROOM	Boiler	Hoval	ULTRASAS	O/K	YES
3						
4						

INSPECTION / SAFETY CHECKS**CHIMNEY CHECKS****COMBUSTION READING(S)****SUMMARY**

	Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (mbar/kW)	Safety Device(s) Correct Operation (Yes/No)	Visual Condition Satisfactory (Yes/No/NA)	Chimney/Flue Performance (Pass/Fail/NA)	Initial (If Applicable)	Final (If Applicable)	Appliance Safe (Yes/No)
1	YES	1050kW	YES	YES	PASS	0.0002		YES
2	YES	1050kW	YES	YES	PASS	0.0001		YES
3								
4								

DETAILS OF OTHER WORK CARRIED OUT (e.g. service, etc.)**SAFETY INFORMATION**

Yes/No

Have Warning Labels been attached? **NO**
Has a Warning Notice been raised? **NO**
Has responsible person been advised? **N/A**

INSTALLATION PIPEWORK

Yes/No/NA

Is the gas installation line diagram current & affixed near to the meter?
Are adequate emergency / isolation valves fitted?
Are emergency / isolation valve handles in place & suitably labelled?
Is the gas pipework adequately supported?
Is the gas pipework, where located in ducts, adequately ventilated?
Is the gas pipework colour coded / identified?
Is the gas installation electrically bonded?
Is the pipework suitably sleeved / sealed, as appropriate?
Has a gas strength & / or tightness test been carried out?*

**If Yes, see separate Gas Testing & Purging Certificate (Non-Domestic)

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

Issued by:

Print Name: Signed:

Licence No: Issue Date:

Received by:

Print Name: Signed:

Responsible Person / Tenant / Landlord / Other (please state) No one present at the time of visit ☒

WARNING NOTICE SERIAL N°(s)

Top Copy - Gas User / Responsible Person Bottom Copy - Registered Business

To re-order quote Ref. CP17

* Refer to separate Warning Notice(s)