

GAS INSTALLATION SAFETY REPORT (NON-DOMESTIC)

SERIAL NO
CP17 0007107



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. When 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.

JOB ADDRESS

Name: ST ANDREWS CHURCH
 Address: 36 SILVER ST
LONDON
 Postcode: EN1 3EG
 Tel No: _____

CLIENT DETAILS

Name: _____
 Address: _____
 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 525570
 Company: FTZGERHO BUILDERS
 Address: 10 GATSMERE RD
LUTON
 Postcode: LU3 2DT
 Tel No: _____

APPLIANCE DETAILS

Location	Appliance Type	Make	Model	No. of Appliances Listed Below:	Chimney/Flue Type (FLUE/RS)	Appliance Checked (Yes/No)
1 KITCHEN	BOILER	IDEAL	EVOMAX 120	1	RS	YES
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/

METER INSTALLATION

Question	Yes/No/NA
Is the meter installation accessible?	YES
Is the meter adequately supported?	YES
Is the emergency control valve: a. accessible?	YES
b. fitted with a handle?	YES
c. labelled with direction of operation?	YES
d. complete with emergency notices?	YES
Is the meter room / compartment / housing adequately ventilated?	YES
Is the meter room / compartment / housing secure?	YES
Is the meter room / compartment / housing clear of combustibles etc?	YES

INSPECTION / SAFETY CHECKS

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	119 kW	YES	YES	Pass	0.0010	0.0010	YES
2 /	/	/	/	/	/	/	/
3 /	/	/	/	/	/	/	/
4 /	/	/	/	/	/	/	/

INSTALLATION PIPEWORK

Question	Yes/No/NA
Is the gas installation line diagram current & affixed near to the meter?	NO
Are adequate emergency / isolation valves fitted?	YES
Are emergency / isolation valve handles in place & suitably labelled?	YES
Is the gas pipework adequately supported?	YES
Is the gas pipework, where located in ducts, adequately ventilated?	NA
Is the gas pipework colour coded / identified?	YES
Is the gas installation electrically bonded?	YES
Is the pipework suitably sleeved / sealed, as appropriate?	YES
Has a gas strength & / or tightness test been carried out?*	YES
*If Yes, see separate Gas Testing & Purging Certificate (Non-Domestic)	YES

DETAILS OF OTHER WORK CARRIED OUT (e.g. services, etc)

NONE

SAFETY INFORMATION

Have Warning Labels been attached? Yes/No
 Has a Warning Notice been raised?* Yes/No
 Has responsible person been advised? Yes/No

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

NEW HVV AND ELECTRODS REQUIRED

ISSUED BY:

Print Name: D. HARRIS Signed: DHHS
 Licence No: 5593523 Issue Date: 30.8.24
 Received by: _____ Signed: _____
 Print Name: _____
 Responsible Person / Tenant / Landlord / Other (please state) _____
 No one present at the time of visit

WARNING NOTICE SERIAL NUMBER

* Refer to separate Warning Notice(s)

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

To re-order quote Ref: CP17