

COMMERCIAL GAS INSTALLATION SAFETY REPORT

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: **C3C 0257302**

REGISTERED BUSINESS DETAILS

Gas Engineer: **Graham Richardson**

Gas Safe Registered Engineer No:

Company: **119A CLEWELL**

Reg No: **5834236**

Address: **119A CLEWELL STREET**

Postcode: **B60 1DT**

Tel No: **01283 864269**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Tubbury Sports Park**

Address: **Corinium Lane, Tubbury**

Post Code: **DE13 9WA**

Tel: **14/2/25**

Issued to (print name): **Graham Richardson**

Date: **14/2/25**

DECLARATION OF GAS SAFETY

I confirm that all the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If additional safety checks have been necessary to ensure safety of the gas system, the relevant person has been informed and the results accepted. The engineer has left the installation operational.

Gas Engineers Signature/
Responsible person's signature:



Date: **14/2/25**

CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)

Name & Title:

Address:

Post Code:

Tel: **14/2/25**

APPLIANCE DETAILS

Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke flow/true reading Pass/Fail/NA	Combustion analyser (if applicable)	Operating pressure in bar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No/NA	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1 Heater	Andrews	651122	Gas Fired boiler OF		PASS	0.0001	50KW	YES	YES	PASS	YES	YES	YES
2 Heater	Andrews	651123	Gas Fired boiler OF		PASS	0.0002	50KW	YES	YES	PASS	YES	YES	YES
3													
4													
5													

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4	5

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?	<input checked="" type="checkbox"/>	
Is the gas installation line diagram current?	<input checked="" type="checkbox"/>	
Are adequate emergency/isolation valves fitted?	<input checked="" type="checkbox"/>	
Are emergency/isolation valve handles in place and suitably labelled?	<input checked="" type="checkbox"/>	
Is pipework colour coded/identified?	<input checked="" type="checkbox"/>	
Is the gas installation electrically cross bonded?	<input checked="" type="checkbox"/>	
Is pipework suitably sleeved and sealed as appropriate?	<input checked="" type="checkbox"/>	
Has a gas strength/tightness test been carried out?*	<input checked="" type="checkbox"/>	

** If yes, please refer to separate
Warning/Advice Notice

METER INSTALLATION

	Yes	No
Is meter installation accessible?	<input checked="" type="checkbox"/>	
Is the meter room/compartment adequately ventilated?	<input checked="" type="checkbox"/>	
Is the meter room/compartment secure?	<input checked="" type="checkbox"/>	
Is the meter room/compartment clear of combustibles etc?	<input checked="" type="checkbox"/>	
Is the meter room/compartment lock key clearly labelled?	<input checked="" type="checkbox"/>	

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).