[GoldenRule]

|  |  |  |
| --- | --- | --- |
| Ref: **[JobNo]** | **GAS TESTING AND PURGING**  **(NON-DOMESTIC)** |  |

|  |  |
| --- | --- |
|  | |
| **Registration No:** | **7939** |
| Operative licence No: | **[A]** |
| Date of issue: | **[B]** |
| Issued By: | **[C]** |
| Print Name: | **[D]** |

|  |  |
| --- | --- |
|  | |
| **Registered Business:** | **Gasway Services Ltd** |
| Address: | **18 Burnet Road** |
|  | **Sweet Briar IND EST, Norwich** |
| Postcode | **NR3 2BS** |
| Tel No: | **0800 074 3030** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Tightness test details** | |  | |
| **Gas type – Natural Gas (NG), Liquefied Petroleum Gas (LPG)** | [BA] | |
| **Installation – New (N), New extension (NE) or Existing (E)** | [BB] | |
| **Could weather/changes in temperature affect test? Yes/No** | [BC] | |
| **Meter type (Diaphragm, Rotary etc)** | [BD] | |
| **Meter designation (U16, U40, P7, etc)** | [BE] | |
| **Meter bypass installed and Sealed (Yes/No)** | [BF] | |
| **Installation volume (IV) Gas meter (m3)** | [BG] | |
| **Installation volume (IV) Installation pipework & fittings (m3)** | [BH] | |
| **Installation volume (IV) Total IV (m3)** | [BI] | |
| **Test medium – fuel gas, air** | [BJ] | |
| **Tightness test pressure (TTP) mbar/bar** | [BK] | |
| **Pressure gauge type (water, high SG, electronic)** | [BL] | |
| **MPLR m3/hr (IGE/UP/1) or MAPD mbar (IGE/UP/1A)** | [BM] | |
| **Let-by test period existing installations (minutes)** | [BN] | |
| **Stabilisation Period (minutes)** | [BO] | |
| **Tightness test duration (TTD) (minutes)** | [BP] | |
| **Any Inadequately ventilated areas to check? Yes/No** | [BQ] | |
| **Is barometric pressure correction necessary? Yes/No** | [BR] | |
| **Findings** |  | |
| **Actual pressure drop (if any) mbar** | [BT] | |
| **Actual leak rate m3/hr** | [BU] | |
| **Have inadequately ventilated areas been checked? Yes/No** | [BV] | |
| **Tightness test Pass or Fail** | [BX] | |

|  |  |
| --- | --- |
| **NOTIFICATION OF UNSAFE GAS INSTALLATION – I confirm that all the above work described on this form has been satisfactorily completed in accordance with the Gas Safety (Installation and Use) Regulations, Industry standards and procedures. However an unsafe gas installation has been identified, details of which are listed on a separate Warning/Advise notice.** | |
| Gas operative’s Signature: |  |
| Responsible person’s Signature: |  |
| **Date:** | **[DB]** |
| **Attention:** Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installation has been left operational. | |

|  |  |
| --- | --- |
| **DECLARATION OF GAS SAFETY – I confirm that all the above work described on this form has been satisfactorily completed in accordance with the Gas Safety (Installation and Use) Regulations, Industry standards and procedures** | |
| Gas operative’s Signature: |  |
| Responsible person’s Signature: |  |
| **Date:** | **[DA]** |
| **Attention:** Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installation has been left operational. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicate work undertaken:** Strength test | X1 | Tightness test | X2 | Purge | X3 |

|  |  |
| --- | --- |
| **Purge procedure details** | |
| Has a risk assessment been carried out? Yes/No | [CA] |
| Has a written procedure for the purge been prepared? Yes/No/NA | [CB] |
| Have “NO SMOKING” signs been displayed as necessary? | [CC] |
| Have persons in the vicinity of the purge been advised accordingly? | [CD] |
| Have all appropriate valves to and from the section of pipe been labelled? | [CE] |
| Where Nitrogen gas is being used for an indirect purge, have the gas cylinders been checked/verified for their correct content? | [CF] |
| Are suitable fire extinguishers available in case of an incident? | [CG] |
| Are two-way radios (intrinsically safe) available? Yes/NA | [CH] |
| Are all electrical bonds fitted as necessary? | [CI] |
| Calculate purge volume - Gas meter (m3) | [CJ] |
| Calculate purge volume – Installation pipework & fittings (m3) | [CK] |
| Calculate purge volume – Total purge volume (m3) | [CL] |
| If gas detector/oxygen measuring device, as appropriate, intrinsically safe? | [CM] |
| **Findings** |  |
| Carry out purge noting final test criteria readings (O2% or LFL%) | [CO] |
| Purge Pass or Fail | [CP] |

|  |  |
| --- | --- |
| **Strength test** |  |
| **State test method – Pneumatic (P) or Hydrostatic (H)** | [AA] |
| **Installation – New (N), New extension (NE) or Existing (E)** | [AB] |
| **Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/NA)** | [AC] |
| **Calculated strength test pressure (STP) (mbar/bar)** | [AD] |
| **Test medium – air, nitrogen, water etc.** | [AE] |
| **Stabilisation period (minutes)** | [AF] |
| **Strength test duration (STD) (minutes)** | [AG] |
| **Permitted pressure drop (% STP)** | [AH] |
| **Calculated pressure drop (mbar/bar)** | [AI] |
| **Findings** |  |
| **Actual pressure drop (mbar/bar)** | [AJ] |
| **Strength test Pass or Fail** | [AK] |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| **Client Details (if different):** | | | |
| Name: | **[J]** | | |
| Address | **[K]** | | |
|  | **[L]** | | |
|  | **[M]** | | |
| Postcode: | **[N]** | Tel No: | **[O]** |

|  |  |
| --- | --- |
|  | |
| **Job Address:** | |
| Name: | **[E]** |
| Address: | **[F]** |
|  | **[G]** |
| Postcode | **[H]** | |
| Received by (signature) |  |