[GoldenRule]

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| **[Job]** | **GAS SAFETY INSPECTION**  **(COMMERCIAL CATERING APPLIANCES) – PART 1** |  |

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

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|  | |
| **Registered Business:** | **[CompanyName]** |
| Address: | **[CompanyAddress1]** |
|  | **[CompanyAddress2] ,**  **[CompanyAddress3]** |
| Postcode | **[CompanyPostcode]** |
| Tel No: | **[CompanyTelephoneNumber]** |

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| **Observations (if any)** |  |
| [CA] | |

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| **Catering Area Gas Installation** | | | **Yes/No/NA** |
| **Manual Emergency Control Valve (ECV)** | | | |
| Acceptable Location (i.e. exit of catering area)? | | | [AB] |
| Accessible (see Automatic Isolation Valve Below)? | | | [AC] |
| Suitable valve type? | | | [AD] |
| Handle attached? | | | [AE] |
| Direction of operation marked/shown? | | | [AF] |
| **Automatic Isolation Valve (AIV)** | | | |
| Shielded knock-off button location near the exit of the catering area? | | | [AG] |
| Is the gas system fitted with automatic pressure proving? | | | [AH] |
|  | If yes, do all downstream appliance burners/pilots have full flame safeguard? | | [AI] |
|  | If No, does the manual rest facility have appropriate warning notices attached? | | [AJ] |
| **Gas Interlocks** | | | |
| Are all primary safety critical systems interlocked to the gas supply (see Canopy & Ventilation Systems opposite)? | | | [AK] |
|  | | If yes is the primary interlock:  Pressure/Flow type?; or | [AL] |
|  | | Power monitoring type? | [AM] |
| Is secondary means of interlocking (i.e. gas flow or CO2 monitoring – see Atmosphere Monitoring) also provided? | | | [AN] |
| Is the means of interlocking satisfactory?  (primary & secondary where applicable) | | | [AO] |
| If no, follow the guidance in the current Gas Industry Unsafe Situations Procedure (GIUSP) and Gas Safe Register TB140 | | | |
| For existing installations only – is there means of manually overriding interlocking provisions? | | | [AP] |
| If yes, Risk assess the installation in accordance with GIUSP and Gas Safe Register TB140 | | | |
| **Pipework** | | | |
| Correctly Identified? | | | [AQ] |
| Correctly Supported? | | | [AR] |
| Sleeves extend through walls by 25mm? | | | [AS] |
| Purge & Test Points Fitted? | | | [AT] |
| Additional isolation valves installed, as required? | | | [AU] |

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| **Catering Area Safety Systems** | | **Yes/No/NA/NT** |
| **Electrical Isolation** | | |
| Main isolator installed within the catering area? | | [BA] |
| Main protective Equipotential bonding (PEB) installed? | | [BB] |
| Appropriate and correct labels/notices displayed? | | [BC] |
| **Canopy System** | | |
| Is a canopy system installed? | | [BD] |
| If yes – is canopy dimensions (overhang) correct? | | [BE] |
| Method of canopy filtration (e.g. mesh/baffles/UV)? | | [BF] |
| Is filtration adequately maintained? | | [BG] |
| Canopy interlocked to the gas supply? | | [BH] |
| If no, follow the guidance in the current Gas Industry Unsafe Situations Procedure (GIUSP) and Gas Safe Register TB140 | | |
| **Ventilation System** | | |
| Is the ventilation/extraction provided by:  (Mechanical /Natural/ Mixture) | | [BI] |
| Free area of ventilation provided (as appropriate) | |  |
| High level [BJ] cm2  Low level [BK] cm2 | | |
| Mechanical ventilation/extraction | | [BL] |
| **Atmospheric Monitoring** | | |
| Fixed means of CO detection and alarm provided? | | [BM] |
| Fixed means of co2 detection and alarm provided? | | [BN] |
| CO or CO2 detection interlocked with gas supply? | | [BO] |
| **Atmospheric Sampling** | | |
| Max CO recorded at visit (full load), where appropriate (see Part 2): [BP] ppm | | |
| Max CO2 recorded at visit (full load): | | |
| 1. Centre of catering area 2m above the floor [BQ] ppm | | |
| 2. Outside skirt of canopy extract [BR] ppm | | |
| If more than one canopy system is installed then multiple forms may be required | | |
| Details of sampling instrument(s) | | |
| 1. Make / Model: [BS] | Calibration date: [BT] | |
| 2. Make / Model: [BU] | Calibration date: [BV] | |

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| **Client Details (if different):** | |
| Name: | **[K]** |
| Address | **[L]** |
|  | **[M]** |
|  | **[N]** |
| Postcode: | **[O]** |

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