[GoldenRule]

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| **[Job]** | **GAS INSTALLATION SAFETY REPORT (NON-DOMESTIC)** |  |

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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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| **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: | [EngSig] |

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| **Details of work carried out** | |
| Has a Warning/Advice Notice Been raised? | [BA] |
| Have warning labels been attached? | [BB] |
| Has responsible person been advised? | [BC] |

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| **Installation Pipework** | **Yes/No** | | | |
| **Is a gas installation line diagram fixed near to the primary meter?** | | [AJ] | |
| **Is the gas installation line diagram current/up-to-date?** | | [AK] | |
| **Are adequate emergency/isolation valves fitted?** | | [AL] | |
| **Are emergency/isolation valve handles in place and suitably labelled** | | [AM] | |
| **Is the gas pipework, adequately supported?** | | [AN] | |
| **Is the gas pipework, where located in ducts, adequately ventilated?** | | [AO] | |
| **Is the gas pipework colour coded/identified?** | | [AP] | |
| **Is the gas installation electrically bonding?** | | | [AQ] |
| **Is the pipework suitably sleeved and sealed, as appropriate?** | | | [AR] |
| **Has a gas strength/tightness test been carried out?** | | | [AS] |
| **If Yes, see separate Gas Testing and Purging Certificate (Non-Domestic)** | | | |

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| **Meter Installation** | | **Yes/No** | | | |
| **Is the Meter installation accessible?** | | | [AA] | |
| **Is the Meter adequately supported?** | | | [AB] | |
| **Is the emergency control valve:** | **accessible?** | | [AC] | |
|  | **fitted with a handle?** | | [AD] | |
| **labelled with a direction of operation?** | | [AE] | |
| **Complete with emergency notice?** | | [AF] | |
| **Is the meter room/compartment/housing adequately ventilated?** | | | [AG] | |
| **Is the meter room/compartment/housing secure?** | | | | [AH] |
| **Is the meter room/compartment/housing clear of combustibles etc?** | | | | [AI] |

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| **Details of remedial work required** |
| [DB] |

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| **Details of work carried out** |
| [DA] |

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| **APPLIANCE DETAILS** | | | | | | | | | | |
|  | **Location** | | **Appliance type** | | **Make** | | | **Model** | | **Flue Type**  **(OF/RS/FL)** |
| 1 | [A1] | | [B1] | | [C1] | | | [E1] | | [AAA1] |
| 2 | [A2] | | [B2] | | [C2] | | | [E2] | | [AAA2] |
| 3 | [A3] | | [B3] | | [C3] | | | [E3] | | [AAA3] |
| 4 | [A4] | | [B4] | | [C4] | | | [E4] | | [AAA4] |
| **INSPECTION DETAILS** | | | | | | | | | | |
|  | **Operating pressure or heat input (mbar,kw or btu/h)** | **Combustion analyser reading (if applicable)** | | **Safety device(s) correct operation (Yes/No/NA)** | | **Ventilation Provision Satisfactory**  **(Pass / Fail)** | **Visual condition of chimney and termination satisfactory (Pass / Fail)** | | **Flue performance checks**  **(Pass/Fail/NA)** | **Appliance safe to use (Yes/No)** |
| 1 | [N1] | [R1] | | [M1] | | [L1] | [I1] | | [J1] | [G1] |
| 2 | [N2] | [R2] | | [M2] | | [L2] | [I2] | | [J2] | [G2] |
| 3 | [N3] | [R3] | | [M3] | | [L3] | [I3] | | [J3] | [G3] |
| 4 | [N4] | [R4] | | [M4] | | [L4] | [I4] | | [J4] | [G4] |

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

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