

GAS SUPPLY

Licensee's Certificate of Compliance/Inspection

Gas Supply (Consumer Safety) Regulation 2012

Licensee's Copy

Serial No

CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lot No.	DP No.	PDP or SP	Nearest Cross Street
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Owner's Name		Owner's Postal Address	
<input type="text"/>		<input type="text"/>	

VEHICLE DETAILS

Make	Model	Registration Number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Engine Number	Chassis / VIN Number	Hull ID No.
<input type="text"/>	<input type="text"/>	<input type="text"/>

LICENSEE'S DETAILS

Name	Postal Address		
<input type="text"/>	<input type="text"/>		
Phone No.	Qualified Supervisor No.	Expiry Date	
<input type="text"/>	<input type="text"/>	DD MM YYYY	
Tradespersons Certificate No. (MVTC)	Licence No.	Expiry Date	
<input type="text"/>	<input type="text"/>	DD MM YYYY	

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) 	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) 	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic 	Date Work Commenced DD MM YYYY Meter No. <input type="text"/>
Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle			<input type="checkbox"/> Gas Leak Check DD MM YYYY

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with ☐ AS5601 ☐ AS4041 ☐ AS1596 ☐ AS/NZ1425 ☐ AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____/____/____
OR,
- The ☐ gas installation, ☐ appliance(s), ☐ gas containers, ☐ gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____/____/____

GAS SUPPLY
Licensee's Certificate of Compliance/Inspection
 Gas Supply (Consumer Safety) Regulation 2012

Owner's Copy

Serial No

CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No. <input type="text"/>	Street <input type="text"/>	Suburb <input type="text"/>	Postcode <input type="text"/>
Lot No. <input type="text"/>	DP No. <input type="text"/>	PDP or SP <input type="text"/>	Nearest Cross Street <input type="text"/>
Municipality/Shire <input type="text"/>		Owner's Name <input type="text"/>	
Owner's Postal Address <input type="text"/>			

VEHICLE DETAILS

Make <input type="text"/>	Model <input type="text"/>	Registration Number <input type="text"/>
Engine Number <input type="text"/>	Chassis / VIN Number <input type="text"/>	Hull ID No. <input type="text"/>

LICENSEE'S DETAILS

Name <input type="text"/>	Postal Address <input type="text"/>		
Phone No. <input type="text"/>	Qualified Supervisor No. <input type="text"/>	Expiry Date DD MM YYYY	
Tradespersons Certificate No. (MVTC) <input type="text"/>	Licence No. <input type="text"/>	Expiry Date DD MM YYYY	

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) <input type="text"/> <input type="text"/> <input type="text"/>	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) <input type="text"/>	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced DD MM YYYY Meter No. <input type="text"/> <input type="checkbox"/> Gas Leak Check DD MM YYYY
---	---	--	--

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with ☐ AS5601 ☐ AS4041 ☐ AS1596 ☐ AS/NZ1425 ☐ AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____/____/____
 OR,
- The ☐ gas installation, ☐ appliance(s), ☐ gas containers, ☐ gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____/____/____

CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No.	Street	Suburb	Postcode
Lot No.	DP No.	PDP or SP	Nearest Cross Street
Owner's Name		Owner's Postal Address	

VEHICLE DETAILS

Make	Model	Registration Number
Engine Number	Chassis / VIN Number	Hull ID No.

LICENSEE'S DETAILS

Name	Postal Address		
Phone No.	Qualified Supervisor No.	Expiry Date	
Tradespersons Certificate No. (MVTC)	Licence No.	Expiry Date	

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) _____ _____	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) _____	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced DD MM YYYY Meter No. _____ <input type="checkbox"/> Gas Leak Check DD MM YYYY
---	--	--	---

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with ☐ AS5601 ☐ AS4041 ☐ AS1596 ☐ AS/NZ1425 ☐ AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____/____/____
 OR,
 4. The ☐ gas installation, ☐ appliance(s), ☐ gas containers, ☐ gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____/____/____

CERTIFICATE OF COMPLIANCE ☐ CERTIFICATE OF INSPECTION ☐

PROPERTY / VEHICLE OWNER DETAILS

House/Unit No. <input type="text"/>	Street <input type="text"/>	Suburb <input type="text"/>	Postcode <input type="text"/>
Lot No. <input type="text"/>	DP No. <input type="text"/>	PDP or SP <input type="text"/>	Nearest Cross Street <input type="text"/>
Municipality/Shire <input type="text"/>		Owner's Name <input type="text"/>	
Owner's Postal Address <input type="text"/>			

VEHICLE DETAILS

Make <input type="text"/>	Model <input type="text"/>	Registration Number <input type="text"/>
Engine Number <input type="text"/>	Chassis / VIN Number <input type="text"/>	Hull ID No. <input type="text"/>

LICENSEE'S DETAILS

Name <input type="text"/>	Postal Address <input type="text"/>		
Phone No. <input type="text"/>	Qualified Supervisor No. <input type="text"/>	Expiry Date DD MM YYYY <input type="text"/>	
Tradespersons Certificate No. (MVTC) <input type="text"/>	Licence No. <input type="text"/>	Expiry Date DD MM YYYY <input type="text"/>	

INSTALLATION DETAILS

Type of Work <input type="checkbox"/> New <input type="checkbox"/> Alteration <input type="checkbox"/> Extension <input type="checkbox"/> Repair (specify) <input type="text"/> <input type="text"/> <input type="text"/>	Type of gas <input type="checkbox"/> Natural Gas <input type="checkbox"/> LP Gas (Propane) <input type="checkbox"/> LP Gas (Butane) <input type="checkbox"/> LPG Autogas <input type="checkbox"/> CNG Autogas <input type="checkbox"/> Other (specify) <input type="text"/>	Fixed Installation <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Domestic Mobile Installation <input type="checkbox"/> Caravan <input type="checkbox"/> Marine Vessel <input type="checkbox"/> Motor Vehicle	Date Work Commenced DD MM YYYY <input type="text"/> Meter No. <input type="text"/> <input type="checkbox"/> Gas Leak Check DD MM YYYY <input type="text"/>
---	---	--	--

APPLIANCES

AUTOGAS CONTAINERS

Code	Type of Appliance	Quantity connected	Brand	Serial Number	Water Capacity
0	Stationary engine power or air conditioner				
1	Cook top or wok cooker				
2	Refrigeration or Absorption chiller				
3	Instantaneous water, pool or spa heater				
4	Tank hot water heater				
5	Top plate, grill or BBQ				
6	Oven for baking, curing or drying				
7	Decorative flare or gas lights				
8	Room heater or space heater				
9	Other appliances				

In respect of the gasfitting work I certify that,

- The gasfitting work complies with ☐ AS5601 ☐ AS4041 ☐ AS1596 ☐ AS/NZ1425 ☐ AS/NZ2739, and
- I have tested the installation for defects immediately after completion and inspected all containers and appliances connected to the installation; where the gas work was undertaken by me, and
- The installation is in safe working order (signed) _____ (date) ____/____/____
 OR,
 4. The ☐ gas installation, ☐ appliance(s), ☐ gas containers, ☐ gas regulators is/are defective for the following reason/s:

- I have attached a durable defect notice to the _____ (signed) _____ (date) ____/____/____