



PLANT COMMISSIONING / SERVICING RECORD (NON-DOMESTIC)

Certificate Reference: 30461

DETAILS OF THE INSTALLATION ADDRESS				DETAILS OF THE CLIENT ADDRESS			
Installation Address:	Birtley Nursing Home			Client Address:	Birtley Nursing Home		
	Bramley				Bramley		
	Guildford	Postcode:	GU5 0LB		Guildford	Postcode:	GU5 0LB
	Surrey				Surrey		

APPLIANCE DETAILS	No. 1	No. 2	No. 3
Location:	Boiler Room	Boiler Room	Boiler Room
Type:	Boiler 1	Boiler 2	Boiler 3
Model:	RMG 100	RMG 100	RMG 100
Serial No:	2907681624/AU	2906676852/AU	N/A
Burner Manufacturer (if different):	N/A	N/A	2908686634/AU
Flue Type:	OF	OF	OF

COMBUSTION CHECKS							SAFETY INFORMATION		
Appliance No	No.1		No.2		No.3		Has a Warning/Advice Notice been raised?	No	N/A
Firing Mode	Low	High	Low	High	Low	High	Have warning labels been attached?		If Warning/Advice Notice issued, insert Serial No above *
Heat input rating (kw)	na	109.5	na	109.5	na	109.5	Has responsible person been advised?	N/A	
Gas burner pressure (mbar)	na	9.3	na	9	na	9.1	GENERAL SAFETY CHECKS		
Gas rate (m3/hr)	na	na	na	na	na	na	Gas booster(s)/compressor(s) operating correctly?		N/A
Air/gas ratio control setting	na	na	na	na	na	na	Gas installation tightness test carried out (if yes see separate form)?		Yes
Ambient (room) temperature (C)	na	21.6	na	24.9	na	24.1	Gas installation pipework adequately supported?		Yes
Flue gas temperature (C)	na	114.7	na	108.8	na	94.3	Gas installation pipework sleeved/labelled/painted as necessary?		Yes
Flue gas temperature net (C)	na	na	na	na	na	na	Flue system installed in accordance with appropriate standards?		Yes
Flue draught pressure (mbar)	na	na	na	na	na	na	Flue termination(s) satisfactory?		Yes
Oxygen (o2) %	na	11.9	na	10.9	na	13.8	Fan-flue interlock operating correctly?		N/A
Carbon Monoxide (CO) ppm	na	19	na	26	na	2	VENTILATION TYPE - Natural: 1 Mechanical: 2		
Carbon Dioxide (CO2) %	na	5.1	na	5.7	na	4.1	1. Plant room/compartment ventilation	low-level free area (cm2)	1160
NO %	na	na	na	na	na	na		high-level free area (cm2)	2320
Excess air %	na	na	na	na	na	na	Is ventilation satisfactory Yes/No? (If No see Details of remedial work)		Yes
CO/CO2 - Ratio	na	0.000	na	0.000	na	0.000	2. Mechanical ventilation flow rate	inlet (m3/S)	
Gross efficiency %	na	82.8	na	84.1	na	83.4		extract (m3/S)	
CO flue dilution ppm	na	na	na	na	na	na	Mechanical ventilation interlock operating correctly?		N/A
ADDITIONAL CHECKS							Is ventilation satisfactory Yes/No? (If No see Details of remedial work)		N/A
Flue flow test satisfactory?			No.1	No.2	No.3		DETAILS OF WORK CARRIED OUT		
Spillage test satisfactory?			Yes	Yes	Yes		Annual service carried out		
Ventilation satisfactory (see also General safety checks)?			Yes	Yes	Yes		DETAILS OF REMEDIAL WORK REQUIRED		
Air/gas pressure switch operating correctly?			N/A	N/A	N/A		N/A		
Flame proving/safety devices operating correctly?			Yes	Yes	Yes				
Burner lock-out time (seconds)?			5 sec	5 sec	5 sec				
Temperature and limit thermostats operating correctly?			Yes	Yes	Yes				
Appliance serviced?			Yes	Yes	Yes				

DETAILS OF THE CONTRACTOR				Gas Safe Number:		189662
Trading Title:	Advanced Control Solutions Ltd			Gas ID Number:		4067523
	Unit 7 Bakersgate Courtyard			Telephone Number:		01483 237812
	Ash Road, Pirbright					
	Surrey	Postcode:	GU24 0NJ			
I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.						
Report Issued By:	Name:	Chris Southby	Signature:		Date:	21/06/2017
Report Received By:	Name:		Signature:		Date:	

GAS INSTALLATION SAFETY REPORT (NON-DOMESTIC)

Certificate Reference:

27709

DETAILS OF THE INSTALLATION ADDRESS

Installation Address: Birtley Nursing Home
Bramley, Guildford, Surrey
Postcode: GU5 0LB

DETAILS OF THE CLIENT ADDRESS

Client Address: Birtley Nursing Home
Bramley, Guildford, Surrey
Postcode: GU5 0LB

APPLIANCE DETAILS

	Location	Appliance Type	Make	Model	Flue Type	Appliance Inspected
1	Boiler Room	Boiler 1	SIME	RMG 100	OF	Yes
2	Boiler Room	Boiler 2	SIME	RMG 100	OF	Yes
3	Boiler Room	Boiler 3	SIME	RMG 100	OF	Yes
4						

INSPECTION DETAILS

	Combustion Analyser Reading	Operating Pressure in mbar or heat input in kW	Safety Devices(s) Correct Operation	Ventilation Provision Satisfactory	Visual Condition of Flue and Termination Satisfactory	Flue Performance Test	Appliance Safe To Use	Approved CO alarm fitted	Is CO alarm in date	Testing of CO alarm satisfactory
1	0.0001	109.5 kw	Yes	Yes	Yes	Pass	Yes	No	N/A	N/A
2	0.0007	109.5 kw	Yes	Yes	Yes	Pass	Yes	No	N/A	N/A
3	0.0008	109.5 kw	Yes	Yes	Yes	Pass	Yes	No	N/A	N/A
4										

AUDIBLE CO ALARM

METER INSTALLATION

Is the meter installation accessible N/A
Is the meter room/compartment adequately ventilated N/A
Is the meter room/compartment secure N/A
Is the meter room/compartment clear of combustibles etc N/A
Is the meter room/compartment lock key clearly labelled N/A

INSTALLATION PIPEWORK

Is a gas installation line diagram fixed near the primary meter
Is the gas installation line diagram current N/A
Are adequate emergency/isolation valves fitted YES
Are emergency/isolation valve handles in place and suitably labelled YES
Is gas pipework colour coded/identified YES
Is the gas installation electrically bonded YES
Is pipework suitably sleeved and sealed as appropriate YES
Has a gas strength/tightness test been carried out YES

DETAILS OF WORK CARRIED OUT

Annual service carried out, gas tested in the boiler room only.

DETAILS OF REMEDIAL WORK REQUIRED

N/A

DETAILS OF THE CONTRACTOR


Trading Title: Advanced Control Solutions Ltd
Unit 7 Bakersgate Courtyard
Ash Road, Pirbright
Surrey

Postcode: GU24 0NJ

Gas Safe Number: 189662
Gas ID Number: 4067523
Telephone Number: 01483 237812

I confirm that this record is a true and accurate representation of the gas work carried out on the day of inspection.

Relevant and appropriate duty-holders are required to ensure that gas appliances, installation pipework and flues are maintained in a safe condition so as to prevent the risk of injury to any person.

Report Issued By: Name: Chris Southby Signature:  Date: 28/06/2017

Report Received By: Name: Signature:  Date:

GAS INSTALLATION / SAFETY RECORD

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Serial No. **3546352**

Customer / Tenant / Pitch or Location: (delete as applicable)		Company details:	
Name: THE MEWS		Name: CJB PLUMBING + HEATING	
Address: BIRTLEY NURSING HOME		Address: 3C WILLIAMS COURT	
BIRTLEY GREEN		LITTLEMEAD IND. ESTATE	
BRAMLEY		ALFOLD RD, CRANLEIGH	
SURREY Postcode		SURREY Postcode GU6 8NE	
Tel No.		Tel No. 01483 542350	
Landlord / Letting Agent / Park: (delete as applicable)		Gas Safe Registration No. 41789	

NB. To Customer, Tenant, Landlord or Responsible Person.
It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.
Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the **Gas Safe** contact telephone number.

Type of Work done: (tick box)		Safety Check <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input checked="" type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Gas Installation Tightness Test Satisfactory?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Fuel Type: (tick box) Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	Is the Installation Safe to Use: (Yes/No) YES
--	---

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		BOILER ROOM					
OWNER		CUSTOMER					
TYPE		BOILER					
MAKE		VAILLANT					
MODEL		THERMO-COMPACT					
FLUE TYPE	RS/OF/FL	RS					
FUEL TYPE	NG/LPG	NG					
INSPECTED/ SERVICED	I/S	I+S					
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P					
FLUE FLOW SATISFACTORY	P/F/NA	P					
SPILLAGE TEST SATISFACTORY	P/F/NA	P					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	20.1m3					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.009					
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)		Date: 12/12/17
The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.		
Operative Name: (in capitals) M. BOXALL	Signed: (by Operative) <i>M. Boxall</i>	Gas Safe Card Serial No. 4049735
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 1