

Use 1 sheet per appliance, if more than 1 appliance is present use additional sheets. Sheetof.....

*** delete as applicable**

Job address		Appliance details	
Name		Appliance	
House number		Make	
Street		Model	
District		Flue type	O/F* R/S* FL*
Town		Location	
County		Manufacturer's Data	
Telephone		Operating pressure	mbar
		Ventilation requirement	cm ²
Type of work			
Install		Service	
		Fault finding & repair	
Using the list below if satisfactory Yes , where not satisfactory No along with why , not applicable N/A			
Meter;		Comments	
Is correctly sited and accessible			
Inlet and outlet is in a good condition			
Emergency control valve operation is correct			
And meter and ECV labels are attached			
Installation Pipework;			
Is adequate sized and in good condition			
Has evidence of equipotential bonding			
Is supported and protected against corrosion			
Is gas tight and purged			
Appliance;			
Is CE marked and in a good condition			
Is correctly location			
Is correct distance from combustible material			
Seals (including flue seals) are in a good condition			
Operating pressure is correct			
Operation of users controls is correct			
Operation of safety devices is correct			
Supply of combustion air is sufficient			
Has correct flame picture			
Has no signs of spillage of combustion			
Flue system is in good visual condition			
Terminal position is correct			
Flue flow test			
Spillage test			
Fuel effects or radiant correctly position			
Fuel effects or radiant in good condition			
Return air path is unobstructed			
Warning notice or label issued (give details in comments box above)		Yes / NO *	
Candidate name		Date work completed	
Supervising Engineer			
Name		Signature	
Gas Safe Register card serial number			