

Installation / Commissioning Checklist



Cert. No.

Company / Installer Engineer Company Address Post Code Tel No. Gas Safe Reg No. ID Card No.			Job Address Name Address Post Code Tel. No	Client / LandLord Name Company Address Post Code Tel. No
Appliance Details Type Make Model Location			Serial No. GC number Landlord equipment? Flue type	
Safety Checks Heat input (kW/h) Running set point temperature (°C)			Safety device(s) correct operation Ventilation in accordance with manufacturer's recommendation?	<input type="checkbox"/>
Combustion Readings High Combustion Readings (if applicable): CO PPM CO2 % CO / CO2 ratio			Low Combustion Readings (if applicable): CO PPM CO2 % CO / CO2 ratio	<input type="checkbox"/>
Gas Checks Gas Rate (M3/h) Gas tightness satisfactory? Equipotential earth bonding? Standing pressure at gas meter (mbar) Standing pressure at appliance inlet test point (mbar) Working pressure at gas meter with appliance set to max rate (mbar) Working pressure at appliance inlet test point with appliance set to max rate (mbar)			Engineers Comments <input type="text"/>	
Signatures Issued by: Signed <input type="text"/>		Received by: Signed <input type="text"/>		Commissioning Date: <input type="text"/>
Print Name: <input type="text"/>		Print Name: <input type="text"/>		Next service due on or before: <input type="text"/>