

Cert. No.

Installation / Commissioning Checklist

Company / Installer		Job Address		Client / LandLord	
Engineer	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company	<input type="text"/>	Address	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>	Address	<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>		<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>	Post Code	<input type="text"/>
Tel No.	<input type="text"/>	Tel. No	<input type="text"/>	Tel. No	<input type="text"/>
Gas Safe Reg No.	<input type="text"/>				
ID Card No.	<input type="text"/>				

Appliance Details			
Type	<input type="text"/>	Serial No.	<input type="text"/>
Make	<input type="text"/>	GC number	<input type="text"/>
Model	<input type="text"/>	Landlord equipment?	<input type="text"/>
Location	<input type="text"/>	Flue type	<input type="text"/>

Safety Checks	
Heat input (kW/h)	<input type="text"/>
Running set point temperature (°C)	<input type="text"/>
Safety device(s) correct operation	<input type="text"/>
Ventilation in accordance with manufacturer's recommendation?	<input type="text"/>

Combustion Readings	
High Combustion Readings (if applicable):	
CO PPM	<input type="text"/>
CO2 %	<input type="text"/>
CO / CO2 ratio	<input type="text"/>
Low Combustion Readings (if applicable):	
CO PPM	<input type="text"/>
CO2 %	<input type="text"/>
CO / CO2 ratio	<input type="text"/>

Gas Checks	Engineers Comments
Gas Rate (M3/h)	<input type="text"/>
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)	

Signatures		
Issued by: Signed	Received by: Signed	Commissioning Date:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name:	Print Name:	Next service due on or before:
<input type="text"/>	<input type="text"/>	<input type="text"/>