<b>Sas</b> 3090				G	as	Serv	vici	ng l	Rec	oro	ł		COMME				
Certificate	Job Re	F	14686		Address	: 403 Broa	dlana						COMME	KCAL   INDOSTRIAL	DOMESTIC		
Number 925	Eng. Na	me	Sean Mol		Unit 1-2,	403 0108											
	Gas Safe		5395175	(	Coventry												
	Work Carr		07/07/23		CV5 7AX +44 0247	7170800											
Gas safe No :	out Date																
30909	Next Servi		07/07/24														
0.4	due Date	e			· · · · · · · · · · · · · · · · · · ·												
Site Address : . Occupier Heronbank Apartments SF 87 CV4 7AI			-	Is the Job Complete Yes   Unsafe situation identified (classification) No													
		I	-		Has a W	arning n	ntice her	en issued									
Sheet	1	of				notice n		11 133000									
	-	•				appliance		abelled									
Have you co	mpleted a	II risk a	ssessmei					on been i	nformed								
Yes How many a	opliances	have be	en teste	d		-	-				One						
				-		_N			[	2	2•						
	ance No. <i>N</i> ake		No 1 WO	RCESTER		No 2			No 3	0			No 4				
N	lodel		Gre	enstar 4000													
	nce Type		Condensi	ing Combi bo N/a	iler												
	ef No cation			Kitchen													
	ndition			Good													
	ance No.		No 5			No 6			No 7	7			No 8				
	/lake lodel																
Applia	nce Type																
	ef No																
	cation ndition																
Appliance N		lo1	N	No2	1	lo3	1	104	N	05	N	06	N	lo7	N	08	
Flue Type	Room sea	aled type C															
Flue flow satisfacto	ory N	l∕a															
Spillage test satisfactory	١	I/a															
Termination satisfactory	Ŋ	'es															
Visual condition of f satisfactory	flue Y	'es															
Flame proving satisfactory	1	l/a															
Burner lock out tin (seconds)	ne	4															
Temp t/stat operati satisfactory	ion Y	'es															
Ventilation Type		J/a															
Mechanical vent / f interlock satisfacto	ary 1	l/a															
Reqd Ventilation lo level (cm <sup>2</sup> )	Г	J/a															
Reqd Ventilation Hi level (cm <sup>2</sup> )	igh N	J/a															
Badged Rating (k) Nett)	W	30															
Actual Ventilation level (cm <sup>2</sup> )	w	J∕a															
Actual Ventilation High level (cm <sup>2</sup> )	n n	l/a															
Ventilation Satisfactory		J/a															
Firing Mode		High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	
Heat input rating KW	4.77	29.81															
Gas Burner Pressu		N/a															
Gas Flow Rate m³/hr.	0.48	3.00															
Ambient (Room) Temperature (°C	23.4	23.1															
Flue Gas Temperature (ºC	) 55.8	61.8															
CO/CO <sup>2</sup> Ratio	0.0000	0.0010															
Oxygen (O²)%	5.9	4.6		1	1								1			1	
Carbon Monoxide	e 2	93		1	1					1						1	
(CO) ppm Carbon Dioxide		9.31		1									<u> </u>				
(CO <sup>2</sup> )% Excess	39.4	27.8														1	
Air Gross	_																
	88.4	88.1	1														
Efficiency Is the appliance		afe															

						Gas I	ightness Te							
Gas tightness test carried out (Yes / No)	Yes Total Installation volume (m³)		0.00088			Max allowable pressure drop (mbar)		4		Type of gauge used (water / electronic)			Tightness test result (Pass / Fail)	
Where was the Tes carried out from?	tECV	Let by to (mins)	est duration 1			Volume smallest occupied space (m <sup>3</sup> )		0 )			Smell of gas		Pass	
Scope of work (e.g IGE/UP/1 or 1A or	IGE/UP/1B	GE/UP/1B Stabilisation period (mins)				Tightne pressur	ess test re (TTP)	20		CO Alarm				
1B)					(mbar)				CO Alarm Installed		Date Of Expiry	COL	ass/Fail	
Installation (New / Existing / Extension)	Existing Tightness test duration (mins)		20		drop (m	-	0		Yes		08/2025	]	Pass	
						Meter	r Informatio	n						
Meter Location	ocation Externally front of property Meter room secure		Meter box		Meter room key labelled		Meter box key		Standing pressure at meter (mbar)		27.93	Working at Appli (mbar)	g pressure ances	
Meter size	U6 Meter accessible		Yes		Meter room ventilated		N/a		Working pressure at meter		21.38	17.32		
ECV labelled	Yes	Does E0 easily	CV operate	Yes		Adequa isolatio		Yes		Suitably sleeved Area Adjacent Meter		Yes	Meter L Correct	abelling
Pipework colour coded /identified from point of Test	Yes		igram at current)	N/a		Clear of combus				Installation cross bonded		Yes internally	Yes	
Gas pipe supported (Where Visible) from point of Test	d Yes							Flue Dilution (CO <sub>2</sub> ) %		N/a		Air Sample (CO₂)	<b>%</b> N/a	
Manometer Make	Testo	<u> </u>	Serial N	lo	N/a		Analys	er Make	Testo		5	Serial No	51857248	
No 1		Defe	ects							Remedial w	ork re	quired		
No 2 No 3														
No 4							_							
No 5														
No 6														
No 7 No 8							_							
Parts used			Part Numbe			mber	Qty		t f ii S		Declaration of Gas safety: I that all of the work described of form has been satisfactorily con in accordance with the current Safety (Installation & Use) regu industry standards and proces		ompleted ht Gas julations,	
Print Sean Name	Engineer's Signature													
The work has bee	n carried out to my	/ satisfac	tion. I agree	to pay fo	r all charge	able work	carried out	and the cost	of any pa	arts ordered and	l/or su	pplied.		
No person present Print Name														

	Tightness Test Carried out from this Valve 'Label'	
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	Revenue to a construction of the construction	

Photo of Unsafe Situation	Defect 1	Defect 2
Defect 3	Defect 4	Defect 5
Defect 6	Defect 7	Defect 8