



# Gas Servicing Record (Non Domestic)



<b>Certificate Number</b>	<b>Job Ref</b>	14333	Address : Unit 1-2, 403 Broad Lane  Coventry CV5 7AX +44 02477170800						
502	<b>Eng. Name</b>	Matthew Acton							
	<b>Gas Safe ID No</b>	5239580							
<b>Company Gas safe No :</b> 30909	<b>Work Carried out Date</b>	31/03/23							
	<b>Next Service due Date</b>	31/03/24							
<b>Site Address :</b>  Occupier Heronbank Apartments Staff Flat No 96 CV4 7AI			<table border="1"> <tr> <td><b>Is the Job Complete</b></td> <td>Yes</td> </tr> <tr> <td>Unsafe situation identified (classification)</td> <td>No</td> </tr> </table>	<b>Is the Job Complete</b>	Yes	Unsafe situation identified (classification)	No		
<b>Is the Job Complete</b>	Yes								
Unsafe situation identified (classification)	No								
<b>Sheet</b>	<b>1</b>	<b>of</b>	<b>3</b>						
Have you completed all risk assessments : Yes			<table border="1"> <tr> <td>Has a Warning notice been issued</td> <td></td> </tr> <tr> <td>Has the appliance been labelled</td> <td></td> </tr> <tr> <td>Has the responsible person been informed</td> <td></td> </tr> </table>	Has a Warning notice been issued		Has the appliance been labelled		Has the responsible person been informed	
Has a Warning notice been issued									
Has the appliance been labelled									
Has the responsible person been informed									

How many appliances have been tested **One**

Appliance No.	No 1	No 2	No 3	No 4
Make	WORCESTER			
Model	Greenstar 4000			
Appliance Type	Condensing Combi boiler			
Ref No				
Location	Kitchen			
Condition	Good			
Appliance No.	No 5	No 6	No 7	No 8
Make				
Model				
Appliance Type				
Ref No				
Location				
Condition				

Appliance No	No1	No2	No3	No4	No5	No6	No7	No8
Flue Type	Room sealed type C							
Flue flow satisfactory	N/A							
Spillage test satisfactory	N/A							
Termination satisfactory	Yes							
Visual condition of flue satisfactory	Yes							
Flame proving satisfactory	Yes							
Burner lock out time (seconds)	5							
Temp t/stat operation satisfactory	Yes							
Ventilation Type	N/A room sealed							
Mechanical vent / flue interlock satisfactory	N/A							
Reqd Ventilation low level (cm²)	N/A							
Reqd Ventilation High level (cm²)	N/A							
Badged Rating (kW Nett)	30							
Actual Ventilation low level (cm²)	N/A							
Actual Ventilation High level (cm²)	N/A							
Ventilation Satisfactory	Yes							

Firing Mode	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Heat input rating KW	3.81	28.39														
Gas Burner Pressure	N/A	N/A														
Gas Flow Rate m³/hr.	0.29	2.93														
Ambient (Room) Temperature (°C)	20.0	20.1														
Flue Gas Temperature (°C)	38.9	55.7														
CO/CO² Ratio	0.0000	0.0010														
Oxygen (O²)%	5.4	4.0														
Carbon Monoxide (CO) ppm	0	92														
Carbon Dioxide (CO²)%	8.82	9.61														
Excess Air	35.0	23.8														
Gross Efficiency	89.0	88.3														
Is the appliance safe to use	Safe															

**Gas Tightness Test**

Gas tightness test carried out (Yes / No)	Yes	Total Installation volume (m³)		Max allowable pressure drop (mbar)	0.7	Type of gauge used (water / electronic)	Electric	Tightness test result (Pass / Fail)	
Where was the Test carried out from?	Meter	Let by test duration (mins)	1	Volume smallest occupied space (m³)	30N/A	Smell of gas	No	Pass	
Scope of work (e.g. IGE/UP/1 or 1A or 1B)	IGE/UP/1B	Stabilisation period (mins)	1	Tightness test pressure (TTP) (mbar)	20	CO Alarm			
						CO Alarm Installed	Date Of Expiry	CO Pass/Fail	
Installation (New / Existing / Extension)	Existing	Tightness test duration (mins)	2	Actual pressure drop (mbar)	0.44	Yes	08/25	Pass	

**Meter Information**

Meter Location	Back of building	Meter room secure	Yes	Meter room key labelled	Yes	Standing pressure at meter (mbar)	25	Working pressure at Appliances (mbar)	
Meter size	U6	Meter accessible	Yes	Meter room ventilated	Yes	Working pressure at meter	20		19
ECV labelled	Yes	Does ECV operate easily	Yes	Adequate gas isolation	Yes	Suitably sleeved Area Adjacent Meter	Yes	Meter Labelling Correct	
Pipework colour coded /identified from point of Test	Yes	Line diagram at meter (current)	No	Clear of combustibles	Yes	Installation cross bonded	Yes	Yes	
Gas pipe supported (Where Visible) from point of Test	Yes					Flue Dilution (CO <sub>2</sub> ) %	N/A	Air Sample (CO <sub>2</sub> ) %	0

Manometer Make	Testo	Serial No	49110391	Analyser Make	Testo 300	Serial No	61857625
----------------	-------	-----------	----------	---------------	-----------	-----------	----------

Description of work: Installed boiler

Defects		Remedial work required	
No 1			
No 2			
No 3			
No 4			
No 5			
No 6			
No 7			
No 8			

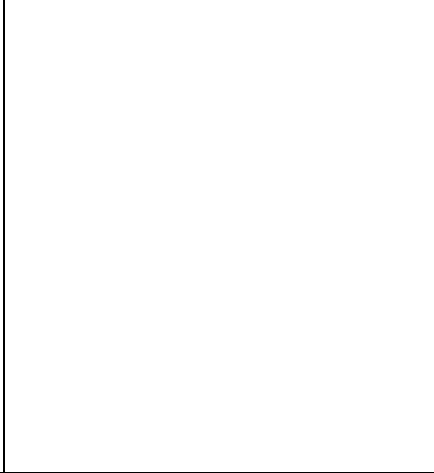
Parts used	Part Number	Qty	Declaration of Gas safety: I confirm that all of the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation & Use) regulations, industry standards and procedures.

Print Name	Matthew Acton	Engineer's Signature	
------------	---------------	----------------------	---

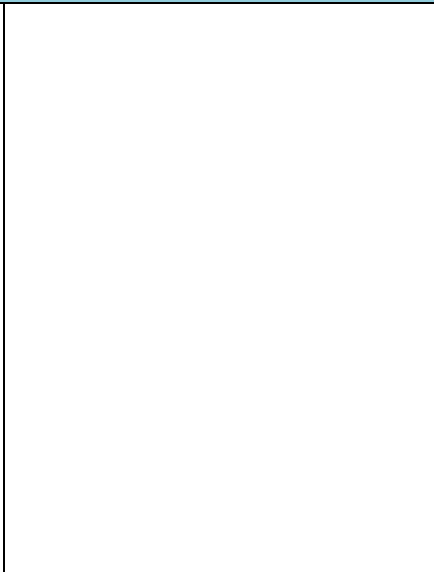
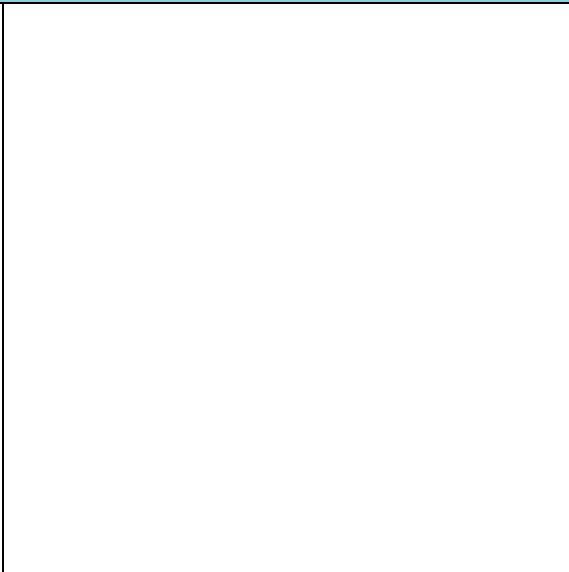
The work has been carried out to my satisfaction. I agree to pay for all chargeable work carried out and the cost of any parts ordered and/or supplied.

Print Name	No person present	Customer Signature	
------------	-------------------	--------------------	--

Tightness Test Carried out from this Valve 'Label'



Appliance Flue Termination



Warning Label 'if Applicable'

CO Expiry Date

Location of CO Alarm

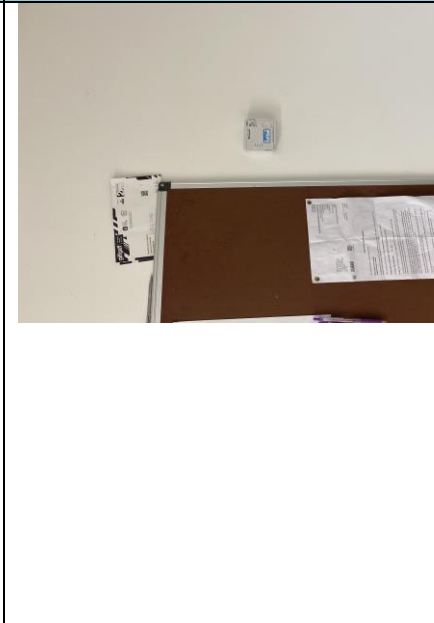
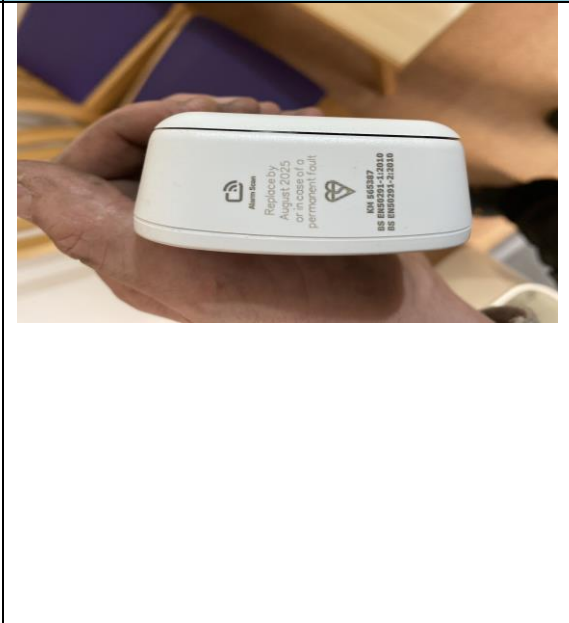


Photo of Unsafe Situation	Defect 1	Defect 2
Defect 3	Defect 4	Defect 5
Defect 6	Defect 7	Defect 8