Gas Servicing Record



Sa 3090				G	as	Serv	VICI	ngı	<ec< th=""><th>orc</th><th>8</th><th></th><th>COMME</th><th></th><th>DOMESTIC</th><th></th></ec<>	orc	8		COMME		DOMESTIC	
Certificate	Job Ref	1	5502	/	Address	:										
Number 1121	Eng. Name Sean Moloney				Unit 1-2, 403 Broad Lane											
1121	Gas Safe I		5395175	. (
Company Work Carried 31/10/23				CV5 7AX +44 02477170800												
Gas safe No : 30909					-											
	due Date															
Site Address . Occupier Heronbank A Staff Flat No CV4 7Al	Apartments					bb Comp situation i		I (classifi	cation)	Ye No						
								en issued								
Sheet	1	of				notice n										
Have you co	ompleted al	l rick ac	sossmor			applianc		abelled on been i	nformed							
Yes	ompleted al	11131 03	36331161	1.5.		responsi	bie perso		monneu							
How many a	appliances h	nave bee	en testeo	d							One					
	iance No.		No 1	PCESTER		No 2			No	3			No 4			
	Make Model		wo	PRCESTER 2000					-							
	ance Type			ng Combi bo	iler											
	lef No			00038549 Kitchen												
	ocation ondition			Good												
	iance No.		No 5			No 6			No 7	7			No 8			
	Make															
	Nodel ance Type															
	lef No															
	ocation															
Appliance N	ndition	1	N	lo2	N	lo3	N	lo4	N	o5	N	06	N	lo7	No	08
Flue	Room seale			102		.00		0-1		00		00		101		00
Type Flue flow satisfact																
Spillage test satisfactory	, N/:															
Termination	Ye	s													 	
satisfactory Visual condition of	flue Ye	s													 	
satisfactory Flame proving																
satisfactory Burner lock out tir															 	
(seconds) Temp t/stat operat															 	
satisfactory Ventilation Type																
Mechanical vent /	flue N/														 	
interlock satisfacto Reqd Ventilation I	ory															
level (cm ²) Reqd Ventilation H					<u> </u>		<u> </u>						<u> </u>			
level (cm ²) Badged Rating (k					<u> </u>											
Nett) Actual Ventilation															<u> </u>	
level (cm ²) Actual Ventilatio	n N/														<u> </u>	
High level (cm ²) Ventilation) ^{N/3}														<u> </u>	
Satisfactory Firing Mode	_	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Heat input rating		N/a		riigh								- Ingh		- Ingh		giri
KW Gas Burner Press		N/a			<u> </u>		<u> </u>		l							
Gas Flow Rate m ³ /hr.		N/a		l	1	1	1						1			1
Ambient (Room Temperature (°C		17.8		1												1
Flue Gas	40.9	53.2											1			1
Temperature (°C		0.0007			1											1
CO/CO ²	0.0000				<u> </u>	<u> </u>	<u> </u>						<u> </u>			
Ratio Oxygen		41				1	1						<u> </u>		└───	<u> </u>
Ratio Oxygen (O ²)% Carbon Monoxid	6.2	4.1														
Ratio Oxygen (O ²)% Carbon Monoxid (CO) ppm Carbon Dioxide	6.2 le 4	64														
Ratio Oxygen (O²)% Carbon Monoxid (CO) ppm Carbon Dioxide (CO²)%	6.2 le 4 8.41	64 9.55														
Ratio Oxygen (O²)% Carbon Monoxid (CO) ppm Carbon Dioxide (CO²)% Excess Air	6.2 le 4	64														
Ratio Oxygen (O²)% Carbon Monoxid (CO) ppm Carbon Dioxide (CO²)% Excess	6.2 le 4 3 8.41 41.4 88.7	64 9.55														

						Gas II	ightness le						
Gas tightness to carried out (Yes No)				0.003520		Max allowable pressure drop (mbar)		4		Type of gauge used (water / electronic)		Electric	Tightness test result (Pass / Fail)
Where was the carried out from		Let by test (mins)	duration	1			smallest d space (m ³)	14.4		Smell of gas		No	Pass
Scope of work (IGE/UP/1 or 1A		Stabilisation period (mins)		1		Tightness test pressure (TTP)		20 0.4				CO Alarm	
1B)					(mbar)		CO Alarm Installed			Date Of Expiry	CO Pass/Fail		
Installation (Nev Existing / Extension)	sting / duration (mins)		2		Actual pre drop (mba		Yes			Date of manufacture 29/4/21 (10yrs)	Pass		
						Meter							
Meter Location	ter Location Externally rear of property Meter room secure		Meter box		Meter room key labelled		Meter box key		Standing pressure at meter (mbar)			Working pressure at Appliances (mbar)	
Meter size	e U6 Meter accessible				Meter room ventilated		N/a		Working pressure at meter		20.32	18.89	
ECV labelled	lled Yes Does ECV operate easily		operate	Yes		Adequate gas isolation		Yes		Suitably sleeved Area Adjacent Meter		Yes	Meter Labelling Correct
Pipework colou coded /identified from point of Te	ł	Line diagra meter (cur		N/a		Clear of combus		Yes	Yes Installation cros bonded		SS	Internally	Yes
Gas pipe suppo (Where Visible) from point of Te	rted Yes							Flue Dilution	(CO ₂) %	N/a		Air Sample (CO ₂) %	N/a
Manometer Ma			Serial N	lo	N/a		Analys	er Make	Testo		5	Serial No 617	43821
No 1		Defects	5							Remedial wo	ork re	quired	
No 2													
No 3													
No 4 No 5													
No 6							-						
No 7													
No 8													
Parts used				Part Numbe			er Qty				Declaration of Gas safety: I confir that all of the work described on this form has been satisfactorily complete in accordance with the current Gas Safety (Installation & Use) regulation		
												dustry standards a	, .
Print Sea Name	an Moloney		Engine	er's Signa	ature	\bigcirc	R						
The work has b	een carried out to m	y satisfaction	n. I agree	to pay fo	r all charge	able work	carried out	and the cost	of any pa	irts ordered and	/or su	pplied.	
N Print Name	o person present			Custo	mer Signatu	ıre							

	Tightness Test Carried out from this Valve 'Label'	
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	DATE OF MES. 2021, 109 24 Replace 10 Years After Installed:	

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