Gas Servicing Record

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30909 COMMERCIAL INDUSTRIAL DOMESTIC																	
Certificate Number	Job Ref	o Ref 15060			Address : Unit 1-2, 403 Broad Lane												
964	Eng. Na	me	Sean Mol	oney													
(Gas Safe		5395175	-													
Company \ Gas safe No :	Work Carried 01/08/23 out Date				CV5 7AX +44 02477170800												
30909 Next Service 01/08/24 due Date																	
Site Address		,															
				ľ	Is the Jo	b Comp	lete			Ye	S						
. Occupier				Unsafe situation identified (classification) No													
Heronbank Ap	partments																
Staff Flat No 6 CV4 7Al	58																
004774																	
					Has a Warning notice been issued												
Sheet	1	of		3	Warning	notice nu	umber										
					Has the a												
Have you cor	npleted a	ll risk as	ssessmei	nts :	Has the I	esponsit	ole perso	on been i	nformed								
Yes How many ap	pliances	have be	en teste	l		One											
Applia			No 1	-		No 2		_	No 3	3			No 4				
M	ake			RCESTER													
Mo Applian	odel			COMPACT ensing Boilers													
	f No			00058403	15												
Loc	ation			Kitchen													
Con Applia	dition		No 5	Good						,			No 8				
	ake		10.5		No 6 No 7 No 8												
Mo																	
Applian	ce Type																
	ation																
Con	dition										-						
Appliance No	N		N	102	N	03	N	lo4	N	o5	N	06	N	о7	Nc	8	
Flue Type	-	led type C															
Flue flow satisfactory Spillage test																	
Satisfactory	N																
satisfactory Visual condition of flu	Y																
satisfactory	Y	es															
Flame proving satisfactory	N	/a															
Burner lock out time (seconds)	4	2															
Temp t/stat operatio satisfactory	n Y	es															
Ventilation Type Mechanical vent / flu	N	[/a															
interlock satisfactory	, IN	/a															
Reqd Ventilation lov level (cm ²)	IN IN	/a			ļ												
Reqd Ventilation Hig level (cm ²)	I.	i/a			ļ												
Badged Rating (kW Nett)	2	5									<u> </u>						
Actual Ventilation Iov level (cm ²)	v N	i/a															
Actual Ventilation High level (cm ²)	N	i/a															
Ventilation Satisfactory	Ν	i/a															
Firing Mode	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	
Heat input rating KW	Unable to test	Unable to tes	t														
Gas Burner Pressure Gas Flow Rate		N/a															
m³/hr.	N/a	N/a		<u> </u>	ļ												
Ambient (Room) Temperature (°C)	22.3	21.6			ļ						ļ						
Flue Gas Temperature (°C)	51.9	54.6									<u> </u>						
CO/CO ² Ratio	0.0001	0.0002															
Oxygen (O²)%	7.2	4.8															
Carbon Monoxide (CO) ppm	7	14															
Carbon Dioxide (CO ²)%	7.82	9.17															
Excess Air	52.2	29.8															
Gross	88.4	88.4			1												
Efficiency Is the appliance safe to use	Sa			1													

						Gas II	ghtness Te							
Gas tightness test carried out (Yes / No)	t Yes Total Installation volume (m³)		0.00176		Max allowable pressure drop (mbar)		4		Type of gauge used (water / electronic)		Electric		Tightness test result (Pass / Fail)	
Where was the Tes carried out from?	tECV	Let by test duration (mins)		1		Volume smallest occupied space (m ³)		0		Smell of gas		N/A		Pass
Scope of work (e.g IGE/UP/1 or 1A or	IGE/UP/1B	B Stabilisation period (mins)		F		Tightness test pressure (TTP)		20		CO Alarm				
1B)						(mbar)	,			CO Alarm Installed		Date Of Expiry		CO Pass/Fail
Installation (New / Existing / Extension)	ing / duration (mins)		2		Actual pressure drop (mbar)		0		Yes		08/2025		Pass	
						Meter	Informatio	n						
Meter Location	Location Externally front of Meter room secure property		om secure	Meter box		Meter room key labelled		Meter box key		Standing pressure at meter (mbar)				Vorking pressure It Appliances mbar)
Meter size	U6	Meter accessible		Yes		Meter room ventilated		N/a		Working pressure at meter		t 21.12		0.32
ECV labelled	I Yes Does ECV operate easily		V operate	Yes		Adequate gas isolation		Yes		Suitably sleeved Area Adjacent Meter				Neter Labelling Correct
Pipework colour coded /identified from point of Test	/identified meter (current)			N/a		Clear of combustibles		Yes		Installation cross bonded		Yes internally		/es
Gas pipe supported (Where Visible) from point of Test	Yes							Flue Dilution	Dilution (CO ₂) % N/a			Air Sample (CO₂) %		J/a
Manometer Make	Testo	<u> </u>	Serial N	0	N/a		Analys	er Make	Testo			Serial No	6185	7248
		Defe	cts							Remedial w	ork re	equired		
No 1														
No 2 No 3														
No 4														
No 5														
No 6														
No 7														
No 8 Parts used Part Number Qty Declaration of Cas sofative Leanfirm														
								Declaration of Gas safety: I confirm hat all of the work described on this						
												orm has been sati		· ·
												n accordance with afety (Installation		
												ndustry standard		, .
Print Sean Name	Engineer's Signature													
The work has bee	-	/ satisfact	ion. I agree	to pay fo	r all charge	able work	carried out	and the cost	of any pa	arts ordered and	d/or su	ipplied.		
No person present Print Name 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