

Gas Servicing Record (Non Domestic)



			_			/							COMME	RCIAL INDUSTRIAL	DOMESTIC	
Certificate Number	Job Re	f	14331		Address Unit 1-2.	: 403 Broa	ad Lane									
439	Eng. Na		SEAN													
	Gas Safe ID No 5395175				Coventry CV5 7AX											
Company			22/03/23		+44 0247	77170800										
Gas safe No : 30909	Gas safe No : out Date				<u>_</u>											
30909	Next Serv due Dat		22/03/24													
Site Addres	s:						_			L						
. Occupier					Is the Job Complete Yes											
Heronbank /	Apartments	3			Unsafe situation identified (classification)											
Staff Flat No CV4 7AI	82															
Observed		T .,	1		Has a Warning notice been issued											
Sheet	1	of			Has the appliance been labelled Has the responsible person been informed											
Have you co Yes	ompleted	all risk a	ssessme	ents :	Has the	responsi	bie perso	on been i	ntormed							
How many a	appliances	have be	en teste	ed							One					
	iance No.		No 1	DOCESTER	No 2				No 3				No 4			
	Make Model		WORCESTER Greenstar 4000			 										
	ance Type		Condensing Combi boiler													
	tef No			N/a												
	ocation			Kitchen												
	ndition iance No.		Good No 5			No 6			No 7	No 7			No 8			
	Make															
	/lodel															
	ance Type															
	ef No ecation															
	ndition															
Appliance N		No1		No2		No3	N	lo4	N	o5	N	06	1	lo7	N	08
Flue Type	Room se	ealed type C														
Flue flow satisfact	ory	N/a														
Spillage test		N/a														
satisfactory Termination		Yes														
satisfactory Visual condition of	fluo	Yes														
satisfactory Flame proving	-															
satisfactory		Yes													<u> </u>	
Burner lock out ti (seconds)		6													<u> </u>	
Temp t/stat opera satisfactory	tion	Yes														
Ventilation Type		N/a														
Mechanical vent / interlock satisfact	flue ory	N/a														
Reqd Ventilation level (cm²)	low	N/a														
Reqd Ventilation H	ligh	N/a														
level (cm²) Badged Rating (F	ίW	30														
Nett) Actual Ventilation	low	N/a														
level (cm²) Actual Ventilation															<u> </u>	
High level (cm ²		N/a													<u> </u>	
Ventilation Satisfactory		N/a													<u> </u>	
Firing Mod		High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Heat input ratin KW	g 31.6	3.58														
Gas Burner Press		N/a													<u> </u>	
Gas Flow Rate m³/hr.	3.18	0.36														
Ambient (Room Temperature (%		16.1														
Flue Gas	42.7	62.9														
Temperature (°C CO/CO²	0.0000	0.0009	1	+	+	1	1			1	<u> </u>		1	<u> </u>		
Ratio Oxygen		+	+	+	+	-					 			 	├──	
(O²)%	4.9	4.4	1	+	 	ļ				ļ	ļ		ļ	ļ	Ь—	
Carbon Monoxio (CO) ppm	3	82	1												<u> </u>	
Carbon Dioxide (CO ²)%	9.12	9.41				<u> </u>										
Excess	30.7	26.6														
Gross	88.6	87.7	1								İ					
Efficiency Is the appliance		07.7	1	1	+	ı	.			<u> </u>	-		 	<u>I</u>	—	l

							Gas 1	ightness Te	st				
Gas tightness carried out (Ye No)	test '	Yes	Total Installation volume (m³)		0N/A			owable re drop	0		Type of gauge used (water / electronic)	Electric	Tightness test result (Pass / Fail)
Where was the carried out fro	e Test I	ECV	Let by test duration (mins)		1		Volume	e smallest ed space (m³)	0N/A		Smell of gas	N/A	Pass
Scope of work IGE/UP/1 or 1 <i>I</i> 1B)	k (e.g. I A or	IGE/UP/1B	Stabilisation period (mins)		ļ.			ess test re (TTP)	20		CO Alarm		
							(mbar)				CO Alarm Installed	Date Of Expiry	CO Pass/Fail
Installation (N Existing / Extension)	lew/	Existing	Tightnes: duration		2		Actual drop (n	pressure nbar)	0		Yes	08/2025	Pass
							Mete						
Meter Location		Externally rear of the building	Meter roo	om secure	Meter box	х	Meter r	oom key d	Meter box key		Standing pressure at meter (mbar)	24	Working pressure at Appliances (mbar)
Meter size	eter size U6 Meter		Meter acc	leter accessible		Yes		oom ed	N/a		Working pressure a meter	22	N/a
ECV labelled		Yes	Does EC' easily	V operate	Yes		Adequi isolatio	ate gas n	Yes		Suitably sleeved Area Adjacent Meter	Yes	Meter Labelling Correct
Pipework cold coded /identifi from point of T	ied	Yes	Line diag meter (c		N/a		Clear o				Installation cross bonded	Internally where it enters property	Yes
Gas pipe supp (Where Visible from point of T	e)	Yes							Flue Dilution	(CO ₂) %	N/a	Air Sample (CO ₂) %	N/a
Manometer M	/lake	Testo		Serial N	0	N/a		Analys	er Make	Testo		Serial No 618	357248
			Defec	cts							Remedial work r	equired	
No 1													
No 2													
No 3													
No 4													
No 5													
No 6													
No 7													
No 8													
Parts used							Part Nu	ımber	Qty		t f	Declaration of Gas sa hat all of the work de orm has been satisfa n accordance with th	escribed on this actorily completed
												Safety (Installation & ndustry standards a	Use) regulations,
Print S Name	Engineer's Signature												
The work has	been	carried out to my	satisfaction	on. I agree	to pay fo	r all charge	able wor	k carried out	and the cost of	of any pa	rts ordered and/or s	upplied.	
Print Name					Custo	ustomer Signature							

	Tightness Test Carried out from	
	Tightness Test Carried out from this Valve 'Label'	
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	TO SECURITY OF SEC	

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