


Gas Tightness Test									
Gas tightness test carried out (Yes / No)	Yes	Total Installation volume (m³)		Max allowable pressure drop (mbar)	4	Type of gauge used (water / electronic)	Electric	Tightness test result (Pass / Fail)	
Where was the Test carried out from?	ECV	Let by test duration (mins)	1	Volume smallest occupied space (m³)		Smell of gas	N/A	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)	19.52	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	Yes	10/2033	Pass	
Meter Information									
Gas Meter Present	Yes	Meter room secure	N/A	Meter room key labelled	N/A	Standing pressure (mbar)	22.06	Working pressure at Appliances (mbar)	
Meter size	U6	Meter accessible	Yes	Meter room ventilated	N/A	Working pressure at meter	20.01	18.83	
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)	N/A	Clear of combustibles	N/A	Installation cross bonded	Yes	Yes	
Gas pipe supported (Where Visible) from point of Test	Yes	Meter Location	Outside meter box		Flue Dilution (CO ₂) %	N/A	Air Sample (CO ₂) %	N/A	
Manometer Make	Testo	Serial No	26884240	Analyser Make	Testo	Serial No	61857248		
Description of work: Boiler and co device check									
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	Jack Williams		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						

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