

## **Gas Servicing Record**



3090	09												COMME	RCIAL   INDUSTRIAL	DOMESTIC	
Certificate	Job Re	f	14720		Address											
Number	Eng N		Coon Me	Jamari	Unit 1-2,	403 Broa	ad Lane									
767	Eng. Na Gas Safe		Sean Mo 5395175		Coventry											
Company	Work Car		05/06/23		CV5 7A		`									
Gas safe No :			03/00/23	,	+44 024	77170800	,									
30909	Next Service Date		05/06/24	1												
Site Addres	s:															
Occupion					Is the J	ob Comp	olete			Yε	es					
. Occupier Lakeside A Staff Flat No CV4 7AI	partments o 16				Unsafe	situation	identified	d (classif	cation)	No	)					
					Has a V	/arning n	otice be	en issued								
Sheet	1	of		3	Warning	notice n	umber									
						applianc										
Have you co Yes	ompleted	all risk a	ssessm	ents :	Has the	responsi	ible pers	on been i	nformed							
How many a		have be		ed							One					
	iance No. Make		No 1	ORCESTE	<b>?</b>	No 2			No:	3			No 4			
	Model			enstar 24i Jui												
	ance Type			densing Boil												
	Ref No ocation		1	Ex00058336 Kitchen					+							
	ondition			Fair												
	iance No.		No 5			No 6			No 7	7			No 8			
	Make Model								+							
	ance Type															
	Ref No ocation								_							
	ndition														-	
Appliance N		No1		No2		No3	1	104	N	05	N	06	1	No7	No	08
Flue Type	Room se	ealed type C														
Flue flow satisfact	tory	N/a														
Spillage test satisfactory		N/a														
Termination satisfactory		Yes													<u> </u>	
Visual condition of satisfactory	flue	Yes													<u> </u>	
Flame proving satisfactory		N/a														
Burner lock out ti (seconds)		5														
Temp t/stat opera satisfactory	tion	Yes														
Ventilation Type		N/a														
Mechanical vent / interlock satisfact	ory	N/a													<u> </u>	
Reqd Ventilation level (cm²)		N/a													<u> </u>	
Reqd Ventilation F level (cm²)		N/a													<u> </u>	
Badged Rating (F		25													<u> </u>	
Actual Ventilation level (cm²) Actual Ventilation		N/a														
High level (cm <sup>2</sup>		N/a														
Ventilation Satisfactory		N/a														
Firing Mod Heat input ratin	a .	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
KW	Chable to re	+	st	4							1					
Gas Burner Press Gas Flow Rate		N/a N/a														
m³/hr. Ambient (Room	1) 21	+	+		+	1	1	<del> </del>		<u> </u>	1		<del>                                     </del>		$\vdash$	
Temperature (°C	C) 21	21			-	1	1	<del>                                     </del>			1				<del> </del>	
Temperature (°C		50.6			-	1	1								<del>                                     </del>	
Ratio Oxygen	0.0000	0.0005	+		-	1	1	<u> </u>			1				<b>├</b> ──	
(O²)% Carbon Monoxid	4.7	4				1	1	ļ			1		<u> </u>		<u> </u>	
(CO) ppm Carbon Dioxide	*	49				<del>                                     </del>	<del>                                     </del>	<u> </u>			<u> </u>				<u> </u>	
(CO <sup>2</sup> )%	9.25	9.63	1												<u> </u>	
Excess	28.7	23.6													<u> </u>	
Gross Efficiency	89.2	88.6	1												<u> </u>	

					Gas Tight	ness Te	st				
as tightness test arried out (Yes /		0.00176		Max allowable pressure drop (mbar)		4	Type of gauge used (water / electronic)	Electric	Tightness test result (Pass / Fail)		
No) Where was the Test carried out from?	ECV	Let by test duration (mins)		1		allest pace (m³)	29.80	Smell of gas	N/A	Pass	
Scope of work (e.g. IGE/UP/1 or 1A or	IGE/UP/1B	Stabilisation period (mins)	1		Tightness test pressure (TTP) (mbar)		20	CO Alarm			
1B)								CO Alarm Installed	Date Of Expiry	CO Pass/Fail	
Installation (New / Existing / Extension)	Existing	Tightness test duration (mins)	2		Actual pres drop (mbar)		0	Yes	07/2033	Pass	
					Meter Inf	ormatio	n				
Meter Location Externally front of property Mete		Meter room secure	Meter box		Meter room key labelled		Meter box key	Standing pressure at meter (mbar)	22.24	Working pressure at Appliances (mbar)	
Meter size U6		Meter accessible	Yes		Meter room ventilated		N/a	Working pressure a meter	t 19.72	20.48	
CV 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	oded /identified		N/a		Clear of combustibles		Yes	Installation cross bonded	Yes internally	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> ) %	N/a	
Manometer Make	Testo	Serial No	0	N/a		Analyse	er Make Testo		Serial No 618	357248	
No. 4 Co clown didn't	words whom to sto d	Defects				Inotalladas	nu sa alama an samisa	Remedial work r	equired		
No 1 Co alarm didn't No 2	work when tested					mstaned ne	ew co alarm on service				
No 3											
No 4											
No 5											
No 6											
No 7											
No 8											
Parts used				Part Number			Qty	1	Declaration of Gas safety: I confirm that all of the work described on this form has been satisfactorily completed		
							1	ļi	n accordance with th	e current Gas	
Co alarm									Safety (Installation & Industry standards a	, 0	
Print Sean M Name	Moloney	Enginee	er's Signa	iture (	S	<b>→</b>	<u></u>				
The work has been	n carried out to my	/ satisfaction. I agree t	to pay for	r all chargea	able work ca	rried out	and the cost of any pa	arts ordered and/or s	upplied.		
No pe	erson present		Custor	mer Signatur	re						

Name

	Tightness Test Carried out from this Valve 'Label'	
	this valve Label	
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	E DETECTOR TIRED - ALARM TO 07 2033 S	

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