




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)	21	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)	25	Working pressure at Appliances (mbar)	
Meter size	U6	Meter accessible	Yes	Meter room ventilated	N/A	Working pressure at meter	21	18.6	
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)	No	Clear of combustibles	Yes	Installation cross bonded	Yes	Yes	
Gas pipe supported (Where Visible) from point of Test	Yes	Meter Location	Out front of building		Flue Dilution (CO <sub>2</sub> ) %	N/A	Air Sample (CO <sub>2</sub> ) %	0	
Manometer Make	Testo	Serial No	49110391	Analyser Make	Testo 300	Serial No	61857625		
Description of work: Serviced boiler									
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	Matthew Acton		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						

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