




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)	20.51	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)	0.13	Yes	09/2031	Pass	
Meter Information									
Gas Meter Present	Yes	Meter room secure	N/A	Meter room key labelled	N/A	Standing pressure (mbar)		Working pressure at Appliances (mbar)	
Meter size	U6	Meter accessible	Yes	Meter room ventilated	N/A	Working pressure at meter	21.04	19.37	
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	Yes	Installation cross bonded	Yes	Yes	
Gas pipe supported (Where Visible) from point of Test	Yes	Meter Location	Outside meter box		Flue Dilution (CO <sub>2</sub> ) %	N/A	Air Sample (CO <sub>2</sub> ) %	N/A	
Manometer Make	Testo	Serial No	26884240	Analyser Make	Testo	Serial No	61857248		
Description of work: Boiler service 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						

## Tightness Test Carried out from this Valve 'Label'

### Measurement protocol

**Customer information**

Customer	Name of measurement program	Tightness test
47 Lakside staff flat	Date of measurement	04/06/2025 14:33:43

**Instrument information**

Instrument name/Serial number	Measurement parameters
Series 510 (46884240)	Differential pressure

**Measurement parameters**

Measuring mode	Timed	Maximum pressure drop	4.10 mbar
Measuring cycle	20 sec	Pressure start (P Start)	20.51 mbar
Use stabilisation time	Yes	Measurement result	Passed
Measurement duration (min)	2 min 0 sec	Start time	04/06/2025 14:31:31
Pressure probe	Heads 510 (46884240)	End	04/06/2025 14:33:31
Fuel type	Natural gas	Duration	2 min 0 sec

**Measurement**

Maximum pressure drop	4.10 mbar
Final pressure drop	-0.13 mbar

Date/Time	ΔP0 [mbar]	ΔP current [mbar]
04/06/2025 14:31:31	20.51	-0.03
04/06/2025 14:31:51	20.48	-0.08
04/06/2025 14:32:11	20.43	-0.08
04/06/2025 14:32:31	20.40	-0.11
04/06/2025 14:32:51	20.43	-0.08
04/06/2025 14:33:11	20.42	-0.09
04/06/2025 14:33:31	20.38	-0.13



## 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