


| Gas Tightness Test | | | | | | | | | |
|---|------------------------------|---|----------------------|--|---|---|---|---------------------------------------|--|
| Gas tightness test carried out (Yes / No) | Yes | Total Installation volume (m ³) | 0.001408 | 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 (m ³) | | 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 | 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 | 07/2033 | Pass | |
| Meter Information | | | | | | | | | |
| Meter Location | Externally front of property | Meter room secure | Meter box | Meter room key labelled | Meter box key | Standing pressure at meter (mbar) | 22.93 | Working pressure at Appliances (mbar) | |
| Meter size | U6 | Meter accessible | Yes | Meter room ventilated | N/a | Working pressure at meter | 20.21 | 19.57 | |
| 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 internally | Yes | |
| Gas pipe supported (Where Visible) from point of Test | Yes | | | | Flue Dilution (CO ₂) % | N/a | Air Sample (CO ₂) % | N/a | |
| Manometer Make | Testo | Serial No | N/a | Analyser Make | Testo | Serial No | 61857248 | | |
| Description of work: Tightness test, boiler service and new co alarm installed | | | | | | | | | |
| Defects | | | | | Remedial work required | | | | |
| No 1 | Boiler cover hinges broken | | | | New cover and hinges required | | | | |
| 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. | | |
| Co alarm | | | | | 1 | | | | |
| | | | | | | | | | |
| Print Name | Sean Moloney | | 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'**



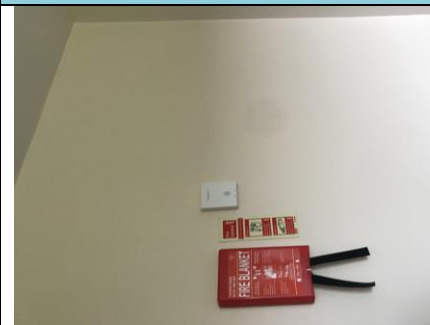
Appliance Flue Termination



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 |
| | | |