Sa 3090				-												
a 3090'				G	as S	Serv	vici	ng l	Rec	orc	ł		COMME			
Certificate	Job Ref		14719		Address								COMME	COL INDODINIAL	DOWEDTIC	
Number 768	Eng. Nar	ne	Sean Molo		Unit 1-2,	403 Broa	ad Lane									
	Gas Safe I		5395175	(
Company Work Carried 05/06/23					-CV5 7AX +44 02477170800											
Gas safe No : 30909					-											
50909	Next Servic due Date		05/06/24													
Site Address :					1											
. Occupier Lakeside Apartments Staff Flat No 15 CV4 7Al					Is the Job Complete Yes Unsafe situation identified (classification) No											
						-		en issued								
Sheet	1	of			Warning notice number											
Have you co	mploted a	l rick or			Has the appliance been labelled Has the responsible person been informed											
Have you co Yes	mpieted al	TISK as	sessmer		1105 1110	responsi	ne heisi	on been l	nonnea							
How many a	ppliances ł	nave be	en testeo								One					
	ance No.		No 1			No 2		<u>.</u>	No 3				No 4			
	Make Nodel	-+		RCESTER COMPACT												
	nce Type			nsing Boilers	;											
	ef No cation			00058463 Kitchen					-							
Со	ndition			Fair												
	ance No. <i>N</i> ake		No 5		No 6 No 7							No 8				
М	lodel															
	ince Type ef No								_							
	cation															
Cor Appliance No	ndition	~1	N	02		lo3		No4	No	5	N	06		lo7	N	08
Flue	Room seal			02		105	, , , , , , , , , , , , , , , , , , ,	104	NO	5		00		107	IN I	00
Type Flue flow satisfacto	ory N/	a														
Spillage test satisfactory	N/	a														
Termination satisfactory	Ye	s														
Visual condition of f satisfactory	re	s														
Flame proving satisfactory	IN/	a														
Burner lock out tim (seconds)	/															
Temp t/stat operati satisfactory	10															
Ventilation Type Mechanical vent / fl	ilue N/															
interlock satisfacto Reqd Ventilation Ic	ory												+		+	
level (cm ²) Reqd Ventilation Hi level (cm ²)			1		1		1		L				1		1	
Badged Rating (k\ Nett)													1		1	
Actual Ventilation lo level (cm ²)	ow N/	a														
Actual Ventilation High level (cm ²)	ion N/a															
Ventilation Satisfactory	N/	a														
Firing Mode		High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High
Heat input rating KW	Unable to Test	Unable to test	t													
Gas Burner Pressu Gas Flow Rate	ure N/a N/a	N/a N/a														
m ³ /hr. Ambient (Room)) 22.7	20.82														
Temperature (°C) Flue Gas	41.6	20.82														
CO/CO ²	0.0001	0.0001														
Ratio Oxygen	7	5.7														
(O ²)% Carbon Monoxide		8														
(CO) ppm Carbon Dioxide (CO ²)%		8.67														
11 1 12/07	49.8	37.2														
Excess					1	1	Ī	1			1	I		Ī	1	1
	49.8	88.3														

						Gas Ti	ghtness Te						
Gas tightness test carried out (Yes / No)	Yes	Total Installation volume (m³)		0.00176		Max allowable pressure drop (mbar)		4		Type of gauge used (water / electronic)		Electric	Tightness test result (Pass / Fail)
Where was the Te carried out from?	stECV	Let by test duration (mins)		1		Volume smallest occupied space (m ³)		29.80		Smell of gas		N/A	Pass
Scope of work (e.g IGE/UP/1 or 1A or			1		Tightne pressur		20		CO Alarm				
1B)		()				(mbar)				CO Alarm Installed		Date Of Expiry	CO Pass/Fail
Installation (New / Existing / Extension)	Existing	isting Tightness test duration (mins)		2		Actual pressure drop (mbar)		0		Yes		09/2024	Pass
						Meter							
Meter Location	n Externally front of Meter room secure property		Meter box		Meter room key labelled		Meter box key		Standing pressure at meter (mbar)		21.69	Working pressure at Appliances (mbar)	
Meter size	U6	Meter accessible		Yes		Meter room ventilated		N/a		Working pressure at meter		21.18	
ECV labelled	Internally Does ECV operate easily		CV operate	Yes		Adequate gas isolation		Yes		Suitably sleeved Area Adjacent Meter		Yes	Meter Labelling Correct
Pipework colour coded /identified from point of Test	entified meter (current)			N/a		Clear of combustibles		Yes		Installation cross bonded		Yes	Yes
Gas pipe supporte (Where Visible)	d Yes							Flue Dilution	lution (CO ₂) % N/a			Air Sample (CO ₂) %	N/a
from point of Test Manometer Make	Testo	<u> </u>	Serial N		N/a		Analys	er Make	Test			Serial No 618	57248
No 1 No 2		Defe	ects							Remedial we	ork ree	quired	
No 3													
No 4													
No 5													
No 6													
No 7 No 8							-						
Parts used					Part Numbe			Qty	t t ii S		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.		
			-									dustry standards a	na procedures.
Print Sean Name	Moloney		Enginee	er's Signa	ature	ле							
The work has been	en carried out to my	/ satisfact	ion. I agree	to pay fo	r all charge	able work	carried out	and the cost	of any pa	arts ordered and	l/or su	pplied.	
No Print Name						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