	ife			G	as	Servici	ng F	leco	ord	P		
309 Certificate	Job Ref		1474	5	Address	3				COMMERCIAL		
Number			1 17 1			, 403 Broad Lane						
823	Eng. Na	me	Sean	Moloney								
	Gas Safe	ID No	5395	175	Coventr CV5 7A							
Company Gas safe No :	Work Carr out Date		09/00	5/23		~ 77170800						
30909	Next Servi due Date		09/00	5/24								
Site Addres	1				Is the J	lob Complete			Yes			
. Occupier Lakeside A Staff Flat No CV4 7Al						situation identified	d (classifica	ation)	No			
					Has a Warning notice been issued							
Sheet	1	of	3	Warning notice number								
					Has the appliance been labelled							
Have you completed all risk assessments : Yes				Has the responsible person been informed								
How many	appliances	have b	een t	ested					One			
Арр	liance No.		No	1		No 2		No 3		No 4		
	Make			WORCESTER								
	Model			25SI COMPAC								
Appli	ance Type			Condensing Boil	ers							
	Ref No			Ex00058345								
Location Kitchen												
Condition Fair												
Appliance No. No 5			No 6		No 7		No 8					
	Make											
	Model									-		
	ance Type											
	Ref No											
L	ocation	1										

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Mod Appliance Ref N Locati Condit Appliance Mak Mode Appliance Ref N Location Condition Appliance No Flue Room sealed type C Туре Flue flow satisfactory N/a Spillage test satisfactory N/a Termination satisfactory Yes Visual condition of flu Yes satisfactory Flame proving satisfactory N/a Burner lock out time 3 (seconds) Temp t/stat operation Yes satisfactory Ventilation Type N/a Mechanical vent / flu interlock satisfactory N/a Reqd Ventilation low N/a level (cm<sup>2</sup>) Reqd Ventilation High level (cm<sup>2</sup>) N/a Badged Rating (kW Nett) 25 Actual Ventilation low N/a level (cm<sup>2</sup>) Actual Ventilation High level (cm<sup>2</sup>) N/a Ventilation Satisfactory N/a ring Mo Heat input rating Unable to Test Unable to te KW N/a Gas Burner Pressure N/a Gas Flow Rate N/a N/a m³/hr Ambient (Room) Temperature (°C) 23.2 23.4 Flue Gas Temperature (°C) 53.6 59.4 CO/CO<sup>2</sup> Ratio 0.0000 0.0003 Oxygen (O<sup>2</sup>)% 6.4 4.5 Carbon Monoxide (CO) ppm Carbon Dioxide (CO<sup>2</sup>)% 3 24 8.28 9.35 Excess 43.8 27.2 Air Gross 88.4 88.3 Efficiency Is the appliance safe to use Safe

						Gas II	ghtness Te							
Gas tightness test carried out (Yes / No)	Yes	Total Installation volume (m <sup>3</sup> )		0.001056		Max allowable pressure drop (mbar)		4		(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 <sup>3</sup> )		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)		(mins)								CO Alarm Insta	alled	Date Of Expiry	CO Pass/Fail	
Installation (New / Existing / Extension)	Existing	Tightness test duration (mins)		2		Actual pressure drop (mbar)		0		Yes		24/09/2021 date of manufacture (10yrs)	Pass	
						Meter	Informatio	n						
Meter Location	Externally	Meter room secure		Meter box		Meter room key labelled		Meter box key		Standing pressure at meter (mbar)		27.07	Working pressure at Appliances	
Meter size	U6	Meter accessible		Yes		Meter room ventilated		Yes		Working pressure at meter		21.16	<b>(mbar)</b> 20.86	
ECV labelled	lled Yes Does ECV operate easily		V operate	Yes		Adequate gas isolation		Yes		Suitably sleeve Area Adjacent I		Yes	Meter Labelling Correct	
Pipework colour coded /identified from point of Test	dentified 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 <sub>2</sub> ) %		N/a		Air Sample (CO₂) 9	<b>6</b> N/a	
Manometer Make	Testo	<u> </u>	Serial N	lo	N/a		Analvs	er Make	Testo			Serial No 6	857248	
No 1 Prv passing and No 2 No 3	leaking from dischar	Defe ge pipe teste		ssel that see	ems good		Prv needs	changing		Remedial w	ork re	quired		
No 4														
No 5														
No 6 No 7														
No 8														
Parts used						Part Nur	nber	Qty			th fo in 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.		
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 No person present   Customer Signature														
Name														

	Tightness Test Carried out from this Valve 'Label'	
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	Date installed:	

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