

Gas Servicing Record



0030														COMME	RCIAL INDUSTRIAL	DOMESTIC		
Certificate			14608			Address		dlana										
Number 682	Eng. Name		Sean Moloney			Unit 1-2, 403 Broad Lane												
002			5395175			Coventry												
Company			12/05/23			-CV5 7AX +44 02477170800												
Gas safe No : out Date					-													
due Date																		
Site Addres	S :				}						17							
Occupier					F	Is the Job Complete Yes												
WESTWOOD COMPTON TUTORS WU 62 WUC 285				Unsafe situation identified (classification) No														
					Has a Warning notice been issued													
Sheet	Sheet 1 of		3		Warning													
Have you co	ompleted :	all rick as	assessments :			Has the appliance been labelled												
Yes	ompleted a	all HSK as	3303311	ICIII	io .	Has the responsible person been informed												
How many a	appliances	have be	en tes	ted								Two						
Appl	iance No.		No 1				No 2			No 3	3			No 4				
	Make				CESTER													
	Model ance Type		Greenstar 32cdi Condensing Combi bo															
	tef No			EX0	0038283			EX0005837	79									
	ocation				itchen Fair			Kitchen Fair										
	ndition iance No.		No 5		ran		No 6	1 an		No 7	·			No 8				
	Make																	
	Model ance Type																	
	ef No	-											-					
	cation																	
	ndition	led.		NI-	-0		1-2		1-4		-5		-6		1-7	N	-0	
Appliance N		No1 aled type C		No Fluel		, in	lo3	N	104	IN	o5	IN	06	N	lo7	No	90	
Type Flue flow satisfact		N/a		N/a														
Spillage test satisfactory	_	N/a		N/a		1												
Termination		Yes		N/a														
Satisfactory Visual condition of	flue .	Yes		N/a	a													
satisfactory Flame proving	_	N/a		Ye														
satisfactory Burner lock out til	ma	2		13														
(seconds) Temp t/stat operate	tion			Ye														
satisfactory Ventilation Type	103		N/a		 													
Mechanical vent /	flue	N/a		N/a	a													
Reqd Ventilation I	ow	N/a		N/a	a													
Reqd Ventilation F	ligh	N/a		N/a	a													
Badged Rating (k	(W	24		8														
Actual Ventilation level (cm²)	low	N/a		N/a	a													
Actual Ventilatio		N/a		N/a	a													
Ventilation Satisfactory		N/a		N/a	a													
Firing Mod	e Low	High	Low	1	High	Low	High	Low	High	Low	High	Low	High	Low	High	Low	High	
Heat input rating	g _{N/a}	N/a	N/a		N/a													
Gas Burner Press		N/a	N/a		N/a													
Gas Flow Rate m³/hr.	N/a	N/a	N/a		N/a													
Ambient (Room Temperature (°C		17.9	N/a	_]	N/a													
Flue Gas Temperature (°C	26	42	N/a	_]	N/a		L											
CO/CO ² Ratio	0.0000	0.0003	N/a	T	N/a													
Oxygen (O²)%	7	4.6	N/a		N/a													
Carbon Monoxid (CO) ppm	le 2	24	N/a	T	N/a													
Carbon Dioxide	7.95	9.30	N/a	7	N/a													
Excess	49.8	27.9	N/a	\dashv	N/a	1			1									
Air Gross	89.5	88.8	N/a	\dashv	N/a	1	 		 			 			1			
Efficiency Is the appliance		1.6.	104			+	<u>I</u>	 	<u> </u>		l	 		-	<u> </u>	}	<u>I</u>	

as rightness test Ves Total Installation 2,003.315 Max allowable D Private of gauge used Electric Fightness test result (Poiss Fall) Private Pri						Gas T	ightness Te	st					
arried out (Yes / b) worker (Pass / Fail) pressure drop mins) result (Pass / Fail) pressure drop mins) result (Pass / Fail) result (Pass / Fail) mins) result (Pass / Fail) result (Pass / Fail) mins) result (Pass / Fail) result (Pass /													
there was the Test EXY (initinal) Cope of work (e.g., GG-10*1A Stabilisation period (initinal) Tightness test (initinal) Tightness test (initinal) Tightness test (initinal) Stating of Tightness (initinal) Stating of	Gas tightness test carried out (Yes / No)	Yes	0.002348		pressure drop		0		Type of gauge used (water / electronic)	Electric			
Plant tools		ECV		on 6	6			0		Smell of gas	N/A	Pass	
Second Companies	Scope of work (e.g.			od 6	6					CO Alarm			
Asserting of Meter Location Meter room secure Yes Meter room key And access Standing pressure 19 Working pressure at Appliances And access And	1B)						,			CO Alarm Installed	Date Of Expiry	CO Pass/Fail	
Meter Location Plast room Meter room secure Yes Meter room New And secosis Standing pressure 19 Working pressure 19 Working pressure 19 Working pressure 19 More room New Meter accessible Yes Meter room Yes Meter room Yes Meter accessible Yes Adequate gas Yes Suitable sleeved Area Adjacent Meter New New Meter Labelling Correct New	Installation (New / Existing / Extension)	Existing		2				0		Yes	07/2033	Pass	
labelled state received at meter (mbar) state plantines (mbar) state						Mete	r Informatio	n					
Second Column Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Part Number Customer Signature Customer Signature Part Number Customer Signature Customer	Meter Location	Plant room	Meter room secur	e Yes				Card acce	ss		19	at Appliances	
Point Sear Moloney Sear Molone	Meter size	Turbine meter	Meter accessible	Yes				Yes			19		
orded interfield on point of Test is as pipe supported the properties of Test is as pipe supported the test is as pipe supported the properties of Test is as pipe supported the test is as pipe supported the properties of Test is as pipe supported the test is as pi	ECV labelled	Yes		Yes				Yes			Yes		
lase pipe supported lytes where Visible on point of Test	Pipework colour coded /identified from point of Test	Yes		No				Yes			Yes	No labels	
Analyser Make Testo Serial No Na Analyser Make Testo Serial No 51857248 Description of work: Tightness test, boiler and hob serviced and new co alarm installed Defects Remedial work required		Yes						Flue Dil	ution (CO₂) %	N/a	Air Sample (CO ₂) %	N/a	
Defects Remedial work required No 1 Butterfly valve on hob pipe work have tendency to leak Recommend removing butterfly valve and replacing with lever valve 10 2 10 3 10 4 10 5 10 6 10 7 10 9 Part Number Oty 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 Print No person present Customer Signature Customer Signature Customer Signature Customer Signature Customer Signature Customer Signature	Manometer Make	Testo	Seria	No	N/a		Analyse	er Make	Testo		Serial No 613	857248	
No 2 No 3 No 4 No 4 No 5 No 6 No 7 No 8 Part Number			Defects							Remedial work r	equired		
No 3 No 4 No 5 No 6 No 7 No 8 Part Number Oty 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 Frint No person present Customer Signature Customer Signature Customer Signature	No 1 Butterfly valve	on hob pipe work have	e tendency to leak				Recommen	nd removin	g butterfly valve	and replacing with lever	valve		
No 4 No 5 No 6 No 7 No 8 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 Engineer's Signature Engineer's Signature Customer Signature Customer Signature Customer Signature	No 2												
No 5 No 6 No 7 No 8 Part Number Outy 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 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	No 3												
No 6 No 7 No 8 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 Sean Moloney Engineer's Signature	No 4												
Part Number	No 5												
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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									l	i	n accordance with th	e current Gas	
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	Co alarm										* '	, .	
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													
No person present Print Customer Signature	Print Sean I	Moloney	Engir	neer's Sign	ature	0	5	<u>つ</u>					
Print Customer Signature	The work has been	n carried out to my	satisfaction. I agre	e to pay fo	r all chargea	able work	k carried out	and the	cost of any pa	arts ordered and/or s	upplied.		
	Print								·				

	Tightness Test Carried out from this Valve 'Label'	
12. 4.50a =		
	Appliance Flue Termination	
Warning Label 'if Applicable'	CO Expiry Date	Location of CO Alarm
	Section 16 Contract of the second section in the section in the second section in the section in the second section in the section in the second section i	

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