

Use 1 sheet per appliance, if more than 1 appliance is present use additional sheets. Sheet .....of.....

**\* delete as applicable**

<b>Job address</b>		<b>Appliance details</b>			
Name		Appliance			
House number		Make			
Street		Model			
District		Flue type	O/F*	R/S*	FL*
Town		Location			
County		<b>Manufacturer's Data</b>			
Telephone		Operating pressure			mbar
		Ventilation requirement			cm <sup>2</sup>
<b>Type of work</b>					
Install		Service		Fault finding & repair	
Using the list below if satisfactory <b>Yes</b> , where not satisfactory <b>No</b> along with <b>why</b> , not applicable <b>N/A</b>					
<b>Meter;</b>		Comments			
Is correctly sited and accessible					
Inlet and outlet is in a good condition					
Emergency control valve operation is correct					
And meter and ECV labels are attached					
<b>Installation Pipework;</b>					
Is adequate sized and in good condition					
Has evidence of equipotential bonding					
Is supported and protected against corrosion					
Is gas tight and purged					
<b>Appliance;</b>					
Is CE marked and in a good condition					
Is correctly location					
Is correct distance from combustible material					
Seals (including flue seals) are in a good condition					
Operating pressure is correct					
Operation of users controls is correct					
Operation of safety devices is correct					
Supply of combustion air is sufficient					
Has correct flame picture					
Has no signs of spillage of combustion					
Flue system is in good visual condition					
Terminal position is correct					
Flue flow test					
Spillage test					
Fuel effects or radiant correctly position					
Fuel effects or radiant in good condition					
Return air path is unobstructed					
Warning notice or label issued (give details in comments box above)					<b>Yes / NO *</b>
Candidate name		Date work completed			
<b>Supervising Engineer</b>					
Name		Signature			
Gas Safe Register card serial number					