Is pipework suitably sleeved and sealed as appropriate? Has a gas strength/tightness test been carried out?* *If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

COMMERCIAL GAS INSTALLATION SACETY REPORT (USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY) Report Ref No: C3C 0201418

	SELECTION OF THE PROPERTY OF T										AND DESCRIPTION OF THE PERSON NAMED IN COLUMN 1	SET OF BUILDING SERVICE PURSUE	MINISTERNATION OF THE PERSON NAMED IN	STATE OF THE PARTY OF	
REGISTERED BUSINESS DETA	AILS				DECL	ARATION	OF GAS	SAFETY						2	
Gas Engineer: 6600	I confirm that all the work described on this form has been satisfactorily completed in accordance with														
Gas Safe Registered Engineer No:	the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If														
Company: Boundo + CGO								m, the releva		n					
Address: PO BAA	nas bee	en informed	and the res	uits accepted	i. The engin	eer nas lett t	ne installati	on operationa	ài.						
workers	Gas Engineers Signature/ Responsible person's signature: Date:														
Postcode: Bally and	Responsible person's signature:Date:								,-10-	5					
			71403-21		OUOT	OMEDIO.	NAME O	ADDDEOG	Vie Vier						
INSPECTION/INSTALLATION A					THE RESIDENCE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1			NAMES OF TAXABLE PARTY.		ent from	Inspection	on/Installa	tion)		
		Grunn	anvic	ct	Name & Title:										
Address: Sannware	NOAD				Address:										
GOUNT BY SIDA		W HAVE													
Post Code: 15017	LCOTel:			Cham Ton 1								450			
Issued to (print name):	RANDER BOOK	D	ate: 8 -	10-24	Post Co	de:			Tel:						
	APPLIANCE [DETAILS			F	LUE TEST	-S			INSPECT	ION DETA	II S	2.54.250		
Location			Type	Flue				Operating	Cafety			THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO	A1		
Location	iviake	Model	Туре	type	Spillage test	Smoke pellet flue	Combustion	Operating pressure in	Safety device(s)	Ventilation provision	Satisfactory termination	Flue visual	Appli sa	iance	
				OF/RS/FL	Pass/Fail/NA	flow test Pass/Fail/NA	reading (if applicable)	mbar or heat input	correct	satisfactory Yes/No	Yes/No/NA	condition Pass/Fail/NA	tou		
W-C SV S			11				Sept.	kW/h or Btu/h	Yes/No/NA	. /		1.10	Yes	/No	
1 MiTCAN XZ	DELOVAL		Hours	0 56	NA	NA	NO,	Zlub	HA	Yes	NA	200	1/2	-1	
2 Most land	MESSIAM	160	DOLL		MUS	WA	8.6	3540	408	4/58	400	J'495	1/4	8	
3 MAIN HALL	BAS	AVITO	Horm		N	NA	2.4	MIX	XO	49	700	MAS	15	3	
Traily viste	Rau	ANT 10	Hust		NA	NA	5-7	uw	463	703	700	KAS .	K	20	
5 Mona Com	ace	AMTIO	MAMA	116	NA	NA	1 2 - 6	Min	700	140	763	1140)		455	
										WAS	RNING ** W	ARNING TAG OR	RESPO	NSIRI E	
GIVE DETA	AILS OF ANY	FAULTS		美国数据的	RECTIFIC	ATION WC	RK CARR	IED OUT	6.45	NOTICE	ISSUED S	STICKER FIXED Yes/No/NA	PER!	SON	
1															
2					Francisco E										
3	42. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	MEDICO		7-4500							300	Section .	1	10-1/4	
4			A 10 A 13 A 10 A 10 A 10 A 10 A 10 A 10											A	
5										** If you place	rofor to conord	to.			
INSTALLATION PIPEWORK			En Charles All The Article	Yes No						** If yes, please Warning/	Advice Notice	ite			
Is a gas installation line diagram fixed nea	ar the primary m	eter?		100	METE	R INSTALI	ATION				57.74		Yes	No	
Is the gas installation line diagram current	1/4	Is meter installation accessible?													
Are adequate emergency/isolation valves	1	Is the meter room/compartment adequately ventilated?								1					
Are emergency/isolation valve handles in	V	Is the meter room/compartment secure?								1/					
Is pipework colour coded/identified?	1	Is the meter room/compartment clear of combustibles etc?								/	1.				
le the goe installation plastrically areas he	11	Leather weeken weeken were der eine Leather were bestellt auf der Leather Leat									LAY				



Has a gas strength/tightness test been carried out?* *If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

COMMERCIAL GAS INSTALLATION SAFETY REPORT

Report Ref No: C3C 0201419

REG	ISTERED BUSINESS DETA	DECLARATION OF GAS SAFETY															
Gas E	ngineer: 5-1500M	I confirm that all the work described on this form has been satisfactorily completed in accordance with															
Gas S	afe Registered Engineer No:	the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If															
Compa	any: SOONIM +	additional safety checks have been necessary to ensure safety of the gas system, the relevant person has been informed and the results accepted. The engineer has left the installation operational.															
Company: Address: Reg No: Address:							has been informed and the results accepted. The engineer has left the installation operational.										
	WONTAINI	Gas Engineers Signature/ Responsible person's signature: Date:															
Postco		Respon	sible persor	n's signature		1	8		Date:	-10-04							
	4 1931		Tel No:	01903 70	24561												
INSP	ECTION/INSTALLATION A	The state of the s				CUST	OMER'S	NAME & A	ADDRESS	S (if differ	ent from	Inspection	on/Installa	ition)			
Name & Title: GOUNL UNITED REFORM CHUNCIA							Name & Title: SAMG AS										
Address: RANNWGTON (COM)							Address:										
	Conwh 84	1 SOA	WONT	101 VS									or just				
Post C	code: 8217 46	ZA Tel:															
Issued	to (print name):			ate: 8-10	75-5	Post Co	de:			Tel:							
			440														
		APPLIANCE	ETALL C			_	LUE TEOT	-0			MODEOT	TON DETA	u 0				
		APPLIANCE D	ETAILS				LUE TEST	5			INSPECT	ION DETA	ILS				
	Location	Make	Model	Туре	Flue type	Spillage test	Smoke pellet flue	Combustion	Operating pressure in	Safety device(s)	Ventilation provision	Satisfactory termination	Flue visual	Appliance safe			
					OF/RS/FL	Pass/Fail/NA	flow test	reading	mbar or	correct	satisfactory	Yes/No/NA	condition	to use			
							Pass/Fail/NA	(if applicable)	heat input kW/h or Btu/h	operation Yes/No/NA	Yes/No	1	Pass/Fail/NA	Yes/No			
1	MAN HALL	ANTIO	DNG.	History	10	NA	NA	8-7	111/4	40	105	49	VASS	101			
2	MAN HALL	1 Vi	DR	HEATEN	135	NA	NA	5.2	Men	40	You	You	RASS	YES			
3	L. L.	and the	DRO.	HATTU	ILS	MA	NA	5-3	Ala	90	461	465	HASS	758			
4	MAIN ILMC	ANT 10	DU	HENTON	PS	MA	NA	500	Ilm	Ya	Ya	9/08	17480	to			
5	MAN HALC	Ma	Antio	Not		1	2			1000	1						
	1.	Sancard Comment		1201	1001	UU	100	3 10	or c	\sim	me !	700M	2 FC	1262			
200	GIVE DET	AILS OF ANY I	FALIITS		article (c.)	BECTIFICA	ATION WO	RK CARRI	ED OUT		NOTIC	RNING ** W. E ISSUED S /No/NA	ARNING TAG OR STICKER FIXED	RESPONSIBLE PERSON INFORMED			
1		ALEG OF AIRT	AOLIO			TILOTII 107	THOIV WO	THE OATH			Yes	NO/NA	Yes/No/NA	INFORMED			
2 MAIN HALL SOUTH WIST HEATEN ADVI							Sow	HALL	5 16	OUN	(A)						
						DUN					No	4	NA	YES			
4	LIST OF	7															
5																	
												e refer to separa /Advice Notice	te				
INSTA	LLATION PIPEWORK			Cattle Cat No.	Yes No						vvaring	Advice Holice					
Is a ga	s installation line diagram fixed nea	ar the primary me	eter?		4	METE	R INSTALL	_ATION	AND THE RESERVE		Tagen		477	Yes No			
Is the gas installation line diagram current?						Is meter installation accessible?											
Are adequate emergency/isolation valves fitted?						Is the meter room/compartment adequately ventilated?											
Are emergency/isolation valve handles in place and suitably labelled?						Is the meter room/compartment secure?											
Is pipework colour coded/identified?						Is the meter room/compartment clear of combustibles etc? Is the meter room/compartment lock key clearly labelled?											
Is the gas installation electrically cross bonded?						Is the n	neter room/o	compartment	lock key cle	early labelled	d?			NIA			
Is pipe	work suitably sleeved and sealed as	appropriate?															