

REGISTERED BUSINESS DETAILS

Gas Engineer: SIBOURN
 Gas Safe Registered Engineer No: 52914944
 Company: BOURN & COOLIDGE Reg No: 103256
 Address: PO BOX 4502
WORTHING
BN14 9UU
 Postcode: BN14 9UU Tel No:

DECLARATION OF GAS SAFETY

I confirm that all the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If 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.

Gas Engineers Signature/ Responsible person's signature: [Signature] Date: 7-11-23

INSPECTION/INSTALLATION ADDRESS

Name & Title: Growth United Reformed Church
 Address: Barn Way 14
Growth Worthing
 Post Code: BN11 4EA Tel:
 Issued to (print name): ISOT/PAUL Date: 7-11-23

CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)

Name & Title: SAME AS
 Address:
 Post Code: Tel:

APPLIANCE DETAILS					FLUE TESTS			INSPECTION DETAILS						
	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	Plant Room	Vestron	100	Boiler	RS	NA	NA	8.6	11kw	Yes	Yes	Yes	PASS	Yes
2	Church Man	DRW	MIR 10	Heater	RS	NA	NA	5.8	11kw	Yes	Yes	Yes	PASS	Yes
3	"	DRW	MIR 10	Heater	RS	NA	NA	5.4	11kw	Yes	Yes	Yes	PASS	Yes
4	"	DRW	MIR 10	"	RS	NA	NA	5.0	11kw	Yes	Yes	Yes	PASS	Yes
5	MAN CHURCH	DRW	MIR 10	Heater	RS	NA	NA	5.8	11kw	Yes	Yes	Yes	PASS	Yes

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED
1						
2	2 No. Woodsley Heaters are in turned off position from gas as these are not in use			NA	NA	Yes
3						
4						
5						

** If yes, please refer to separate Warning/Advice Notice

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		
Is the gas installation line diagram current?	<u>NA</u>	
Are adequate emergency/isolation valves fitted?	<u>✓</u>	
Are emergency/isolation valve handles in place and suitably labelled?	<u>✓</u>	
Is pipework colour coded/identified?	<u>✓</u>	
Is the gas installation electrically cross bonded?	<u>✓</u>	
Is pipework suitably sleeved and sealed as appropriate?	<u>✓</u>	
Has a gas strength/tightness test been carried out?*	<u>✓</u>	

METER INSTALLATION

	Yes	No
Is meter installation accessible?	<u>✓</u>	
Is the meter room/compartment adequately ventilated?	<u>✓</u>	
Is the meter room/compartment secure?	<u>✓</u>	
Is the meter room/compartment clear of combustibles etc?	<u>✓</u>	
Is the meter room/compartment lock key clearly labelled?	<u>✓</u>	

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

REGISTERED BUSINESS DETAILS

Gas Engineer: GBOUNNE
 Gas Safe Registered Engineer No: 52914944
 Company: Bounce + Coolan Reg No: 103206
 Address: PO Box 4502
WORTHING
 Postcode: BN14 9WV Tel No:

DECLARATION OF GAS SAFETY

I confirm that all the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If 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.

Gas Engineers Signature/ Responsible person's signature: [Signature] Date: 7-11-23

INSPECTION/INSTALLATION ADDRESS

Name & Title: Colwyn United Methodist Church
 Address: BANDWORTH RD
WORTHING
 Post Code: BN14 9EA Tel:
 Issued to (print name): BOUNCE + COOLAN Date: 7-11-23

CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)

Name & Title: JAMES AS
 Address:
 Post Code: Tel:

APPLIANCE DETAILS

FLUE TESTS

INSPECTION DETAILS

	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	MAIN CHURCH	DW	AM10	HEATING	RS	NA	NA	5.8	11.1	Yes	Yes	Yes	PASS	Yes
2	"	DW	AM10	HEATING	RS	NA	NA	5.8	11.1	Yes	Yes	Yes	PASS	Yes
3	"	DW	AM10	HEATING	RS	NA	NA	5.8	11.1	Yes	Yes	Yes	PASS	Yes
4	MAIN CHURCH	DW	AM10	HEATING	RS	NA	NA	5.8	11.1	Yes	Yes	Yes	PASS	Yes
5														

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED
NA	NA	Yes

1 HEATING NEXT TO AUDIO EQUIPMENT ISOLATION ELECTRIC SWITCH IS BROKEN

ADVISE REPAIRMENT

** If yes, please refer to separate Warning/Advice Notice

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		<input checked="" type="checkbox"/>
Is the gas installation line diagram current?	<input checked="" type="checkbox"/>	
Are adequate emergency/isolation valves fitted?	<input checked="" type="checkbox"/>	
Are emergency/isolation valve handles in place and suitably labelled?	<input checked="" type="checkbox"/>	
Is pipework colour coded/identified?	<input checked="" type="checkbox"/>	
Is the gas installation electrically cross bonded?	<input checked="" type="checkbox"/>	
Is pipework suitably sleeved and sealed as appropriate?	<input checked="" type="checkbox"/>	
Has a gas strength/tightness test been carried out?*	<input checked="" type="checkbox"/>	

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

METER INSTALLATION

	Yes	No
Is meter installation accessible?	<input checked="" type="checkbox"/>	
Is the meter room/compartment adequately ventilated?	<input checked="" type="checkbox"/>	
Is the meter room/compartment secure?	<input checked="" type="checkbox"/>	
Is the meter room/compartment clear of combustibles etc?	<input checked="" type="checkbox"/>	
Is the meter room/compartment lock key clearly labelled?	<input checked="" type="checkbox"/>	



COMMERCIAL GAS INSTALLATION SAFETY REPORT

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: **C3C 0201177**

REGISTERED BUSINESS DETAILS

Gas Engineer: **SPOUNNE**

Gas Safe Registered Engineer No: **5294944**

Company: **BOUNG + COOLM** Reg No: **103256**

Address: **PO BOX 4562 WONGAH**

Postcode: **RS14 9WW** Tel No:

DECLARATION OF GAS SAFETY

I confirm that all the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If 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.

Gas Engineers Signature/ Responsible person's signature:  Date: **28-11-23**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Gonna United Refractory Ltd**

Address: **Barnwood Rd GORING PY SEA, WONGAH**

Post Code: **BN12 4SA** Tel:

Issued to (print name): **Bett** Date: **28-11-23**

CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)

Name & Title: **SAME AS**

Address:

Post Code: Tel:

APPLIANCE DETAILS

FLUE TESTS

INSPECTION DETAILS

	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	Kitchen	Bosch	-	Gas Hob	FL	NA	NA	NA	2mb	NA	Yes	Yes	NA	Yes
2														
3														
4														
5														

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

WARNING NOTICE ISSUED Yes/No/NA **

WARNING TAG OR STICKER FIXED Yes/No/NA

RESPONSIBLE PERSON INFORMED

1		
2		
3		
4		
5		

** If yes, please refer to separate Warning/Advice Notice

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		<input checked="" type="checkbox"/>
Is the gas installation line diagram current?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Are adequate emergency/isolation valves fitted?	<input checked="" type="checkbox"/>	
Are emergency/isolation valve handles in place and suitably labelled?	<input checked="" type="checkbox"/>	
Is pipework colour coded/identified?	<input checked="" type="checkbox"/>	
Is the gas installation electrically cross bonded?	<input checked="" type="checkbox"/>	
Is pipework suitably sleeved and sealed as appropriate?	<input checked="" type="checkbox"/>	
Has a gas strength/tightness test been carried out?*	<input checked="" type="checkbox"/>	

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

METER INSTALLATION

	Yes	No
Is meter installation accessible?	<input checked="" type="checkbox"/>	
Is the meter room/compartment adequately ventilated?	<input checked="" type="checkbox"/>	
Is the meter room/compartment secure?	<input checked="" type="checkbox"/>	
Is the meter room/compartment clear of combustibles etc?	<input checked="" type="checkbox"/>	
Is the meter room/compartment lock key clearly labelled?		<input checked="" type="checkbox"/>

REGISTERED BUSINESS DETAILS

Gas Engineer: *SKANU*
 Gas Safe Registered Engineer No: *5294944*
 Company: *Team of Cooper* Reg No: *103258*
 Address: *10 Box 4862*
Wentworth
Wentworth
 Postcode: *W14 9WU* Tel No: *01905 202661*

DECLARATION OF GAS SAFETY

I confirm that all the work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If 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.

Gas Engineers Signature/ Responsible person's signature: *[Signature]* Date: *7-11-23*

INSPECTION/INSTALLATION ADDRESS

Name & Title: *LITTLE BUSINES*
 Address: *Goring United Reform*
Summersday Ave, Wokingham
 Post Code: *RG4 6BA* Tel:
 Issued to (print name): *Vac Hire* Date: *7-11-23*

CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)

Name & Title: *SAME AS*
 Address:
 Post Code: Tel:

APPLIANCE DETAILS					FLUE TESTS			INSPECTION DETAILS						
	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	<i>WITCOM</i>	<i>WIKOCC</i>	<i>285i</i>	<i>Boiler</i>	<i>RS</i>	<i>NA</i>	<i>NA</i>	<i>9.8</i>	<i>18.6</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Pass</i>	<i>Yes</i>
2														
3														
4														
5														

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED
1						
2						
3						
4						
5						

** If yes, please refer to separate Warning/Advice Notice

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		
Is the gas installation line diagram current?	<i>NA</i>	
Are adequate emergency/isolation valves fitted?	<i>✓</i>	
Are emergency/isolation valve handles in place and suitably labelled?	<i>✓</i>	
Is pipework colour coded/identified?	<i>✓</i>	
Is the gas installation electrically cross bonded?	<i>✓</i>	
Is pipework suitably sleeved and sealed as appropriate?	<i>✓</i>	
Has a gas strength/tightness test been carried out?*	<i>✓</i>	

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

METER INSTALLATION

	Yes	No
Is meter installation accessible?	<i>✓</i>	
Is the meter room/compartment adequately ventilated?	<i>✓</i>	
Is the meter room/compartment secure?	<i>✓</i>	
Is the meter room/compartment clear of combustibles etc?	<i>✓</i>	
Is the meter room/compartment lock key clearly labelled?	<i>✓</i>	