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COMMERCIAL GAS INSTALLATION SAFETY REPORT (USE THIS FORM FOR NON-DOMESTIC INSTALL ATIONS ONLY) Report Ref No. C3C 0201172

(USE THIS FORM FOR NON-DO	WESTIC INSTALLATIONS CHET)								
REGISTERED BUSINESS DETAILS	DECLARATION OF GAS SAFETY								
Gas Engineer: Gas Safe Registered Engineer No: Company Address: Postcode: Tel No:	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:								
INSPECTION/INSTALLATION ADDRESS	CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)								
Name & Title: GONING UNITED REPORTED Address: Bann Natton (D) Post Code: The Atel:	Name & Title: SAME AS Address: Post Code: Tel:								
Issued to (print name):									
ADDUMNOT DETAIL O	FLUE TESTS INSPECTION DETAILS	500 E WALL TO							
APPLIANCE DETAILS Location Make Model Type Flue type OF/RS/FL	Spillage test Pass/Fail/NA Pass	Appliance safe to use Yes/No							
1 Phint Room Visting 100 Bolley 100 2 Chings Man 100 Mar 10 Homel 120	NO NA SIE TIM JES	100							
5 MAN CITIZENCE DINO MITIO ITEMPEN PS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	43							
5 MAN CHUNCH Pho MINIO MENTIN 150	10.1101 1001 1001 1001								
GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT WARNING ** NOTICE ISSUED YESNONA YESNONA YESNONA	RESPONSIBLE PERSON INFORMED							
GIVE DETAILS OF AINT FACETS									
2 Z No. WOODSTOCK HAATIS ATTE		- 1							
4 FROM LAS AS TITUSE ANG	NA NA	100							
5 NOT IN USE	** If yes, please refer to separate Warning/Advice Notice								
INSTALLATION PIPEWORK Yes No									
Is a gas installation line diagram fixed near the primary meter?	METER INSTALLATION	Yes No							
Is the gas installation line diagram current?	Is meter installation accessible?	1							
Are adequate emergency/isolation valves fitted?									
Are emergency/isolation valve handles in place and suitably labelled? Is the meter room/compartment secure? Is the meter room/compartment clear of combustibles etc?									
is pipework colour coded identified:									
is the gas installation electrically cross bonded:									
Is pipework suitably sleeved and sealed as appropriate?									
Has a gas strength/tightness test been carried out?*									

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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 (USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C3C 0201173

REGISTERED BUSINESS DETAILS	DECLARATION OF GAS SAFETY									
Gas Engineer: SOUNG	I confirm that all the work described on this form has been satisfactorily completed in accordance with									
Gas Safe Begistered Engineer No: 52814044	the current Gas Safety (Installation and Use) Regulations, industry standards and procedures. If									
Company Course + Coolin Reg No: 103256		additional safety checks have been necessary to have safety of the gas system, the relevant person								
Address: Po Box 4562	has been informed and the results accepted. The engineer has left the installation operational.									
Worldwit	Gas Engineers Signature/	20								
Postcode: RNI + GINI W Tel No:	Responsible person's signature:									
S-t (feace										
INSPECTION/INSTALLATION ADDRESS	CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)									
Name & Title: CONWA UNITY NOTULA CENTRAL	Name & Title: AME AS									
Address: Bangward (D)	Address:									
COURTS WENTHING										
Post Code: Post Code: Tel:										
Issued to (print name): ATT T TABL Date: THE	Post Code: Tel:									
APPLIANCE DETAILS	FLUE TESTS INSPECTION DETAILS									
Location Make Model Type	Flue Spillage Smoke Combustion Operating Safety Ventilation Satisfactory Flue Applia type test pellet flue analyser pressure in device(s) provision termination visual safe									
	OF/RS/FL Pass/Fail/NA flow test reading mbar or correct satisfactory Yes/No/NA condition to use to use the condition pass/Fail/NA (if applicable) heat input operation Yes/No									
	kW/h or Btu/h Yes/No/NA Yes/I	No								
1 MAIN CHUNCH DIO ANTIO HAMIN	B NA NA 08 MW /28 43 X0 MB &	6								
2 M DIO AUTO HOTA	A 15 NA NA 58 MW 49 YS TES TALL X	3								
3 U DAO ANTO MATER	1 S M M Ed Mm 12 to 13 to 14	2								
4 MAN CHUNCH DIN AS 10 HEATIN	10 NA NA STULM YOU TO TO THE	3								
	WARNING ** WARNING TAG OR RESPON	NSIBI E								
GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT NOTICE ISSUED STICKER FIXED YES/No/NA INFORM	SON								
1 1/00										
2 HOTTEL NOYT TO HODIN GOULLANDER										
3 SOCATION GOCTLIC SWITCH	ADVISE Reference on Na X	20								
4 LS ISTORA										
	** If yes, please refer to separate									
INICTALL ATION DIDENIODIC	Warning/Advice Notice									
INSTALLATION PIPEWORK Is a gas installation line diagram fixed near the primary meter?	Yes No	NA								
Is the gas installation line diagram current?	Is meter installation accessible?	METER INSTALLATION 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 adequately verifiated:									
Is pipework colour coded/identified?	Is the meter room/compartment clear of combustibles etc?									
Is the gas installation electrically cross bonded?	Is the meter room/compartment lock key clearly labelled?									
Is ninework suitably sleeved and sealed as annronriate?										

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

COMMERCIAL GAS INSTALLATION SAFETY REPORT (USE THIS FORM FOR NON POMESTIC INSTALLATIONS ON IX) Report Ref No. C3C 0201177

(USE THIS FUR	NIN FOR NON-DO	JIVIESTIC II	VOTALL	ATIONS	ONLY)					
REGISTERED BUSINESS DETAILS	DECLARATION OF GAS SAFETY									
Gas Engineer: SOUNGE Gas Safe Registered Engineer No: SZOL 944 Company: SOUNGE Reg No: O3 Address: Postcode: Tel No:	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:									
Name & Title: GONNA UNITED REFORMED C	-CA	CUSTOI Name & Ti			ADDRESS		rent from	Inspecti	on/Installa	tion)
Address: BMANLIND PO	Address:	illo.	N. A. Je							
Post Code: RNIZ HEATE!										
Issued to (print name): Date:	3-11-23	Post Code):			Tel:				
APPLIANCE DETAILS Location Make Model Type	Flue	FLUE TESTS Spillage Smoke Comb		Combustion			Ventilation	ECTION DETAILS ion Satisfactory Flue		Analiana
	type OF/RS/FL	test Pass/Fail/NA	pellet flue flow test Pass/Fail/NA	analyser reading (if applicable)	pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	provision satisfactory Yes/No	termination Yes/No/NA	visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1 Milano Haste	FC FC	NA	NA	NA	Zlul	NA	70	400	NA	You
3										
5										
							WAF	RNING ** V	VARNING TAG OR	RESPONSIBLE
GIVE DETAILS OF ANY FAULTS		RECTIFICAT	TON WOF	RK CARRI	ED OUT		NOTICE Yes/I	RNING ** V E ISSUED No/NA	VARNING TAG OR STICKER FIXED Yes/No/NA	PERSON INFORMED
2										
4										
5					250		** If yes, please		ate	
INSTALLATION PIPEWORK	Yes No						warning/	/Advice Notice		
Is a gas installation line diagram fixed near the primary meter? Is the gas installation line diagram current?	NA	(2000) (2000) (2000) (2000) (2000)	INSTALL/	THE RESIDENCE OF THE PARTY OF T)					Yes No
Are adequate emergency/isolation valves fitted?	Is meter installation accessible? Is the meter room/compartment adequately ventilated?									
Are emergency/isolation valve handles in place and suitably labelled?	Is the meter room/compartment secure?								1	
Is pipework colour coded/identified?	1	Is the meter room/compartment clear of combustibles etc?								V /
Is the gas installation electrically cross bonded?	1	Is the met	ter room/co	ompartment	lock key cle	arly labelled	d?			NA
Is pipework suitably sleeved and sealed as appropriate?									1	
Has a gas strength/tightness test been carried out?*										

Regin / 2 2 7 6 9 COMMERCIAL GAS INSTALLATION SAFETY REPORT Report Ref No: C3C 0201199

-	ISTERED BUSINESS DET	AILS		0.50	0		NAME AND ADDRESS OF THE OWNER, WHEN	OF GAS								
Gas Safe Registered Engineer No:							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									
Company: Reg No: 103 Z3 O						additional safety checks have been necessary to ensure safety of the gas system, the relevant person										
Address:							has been informed and the results accepted. The engineer has left the installation operational.									
ridares	1000000	VIV				Gas F	and the same of th									
Postco	ode: Van 140		Gas Engineers Signature/ Responsible person's signature: Date:													
INSP	ECTION/INSTALLATION A	CUST	CUSTOMER'S NAME & ADDRESS (if different from Inspection/Installation)													
Name & Title: LITTLE TO ISINGS							Name & Title:									
Addres	ss: GONING UNITED	Noton	n		The state of the s	Addres		0				8 8 1	L Commo			
Su	AMBS WAY NO	, woar	mod			7100100						7 6 0	00800			
Post C	code: ISNIC 46-A	Tel:														
Issued	to (print name):	- hice		Date:	1-23	Post Co	ide.			Tel:						
	· · ·					1 001 00	uc.			iei.						
	The second second	APPLIANCE D	DETAILS				LUE TEST	S			INSPECT	ION DETA	ILS	AND DE		
	Location	Make	Model	Туре	Flue type OF/RS/	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	Safety device(s) correct operation	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No		
1	Ultrong 1	WKOYEL	285.	Boller	150	NA	NA	01.0	kW/h or Btu/h	Yes/No/NA	4.	40	PASS			
2		7000	0001	Durco	1000	- Contraction	(10	COU	70	708	190	1 422	YES		
3											W	-	1	1 8		
4										8	Just 1	0 0	01.1	1000		
5						D					91	9 9				
	alvent.										WAF	RNING ** W	ARNING TAG OR	RESPONSIBLE		
1	GIVE DE I	TAILS OF ANY I	-AULIS			RECTIFIC	ATION WO	RK CARR	IED OUT		NOTICE Yes/	No/NA S	STICKER FIXED Yes/No/NA	PERSON INFORMED		
2							#									
3								2.								
4																
5																
											** If yes please	e refer to separa	to			
INSTA	LLATION PIPEWORK				Yes No							Advice Notice				
	s installation line diagram fixed ne	ar the primary me	eter?		163 140	METE	R INSTALL	ATION								
	gas installation line diagram curren		, , , , , , , , , , , , , , , , , , ,		MA	March 1997		accessible						Yes No		
	equate emergency/isolation valves				11	- PARTITION -			adequately	vontilated?			10.4	9		
	ergency/isolation valve handles in		ly labelled?		1	1000 PARTIES -		ompartment		verillateu?		- 3		5		
0	work colour coded/identified?				1	0.000000000			clear of con	nhustibles e	tc?			7/		
	gas installation electrically cross bo	onded?			1				lock key cle					1		
Is pipev	work suitably sleeved and sealed as	s appropriate?			1		200	- Fall diriotite	Jon Noy Old	ary laboret						
Has a g	gas strength/tightness test been ca	arried out?*														
*If yes se	e separate Gas Testing and Purging Certificat	te (Non-Domestic).														