

SERVICE / MAINTENANCE CHECK LIST

SERIAL N°

CP6 2270252



This form is not designed to be used as a Landlord's Gas Safety Record. This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations.

JOB ADDRESS Rented Accommodation (Yes / No) **YB**

Name: _____
 Address: WINSTON HALL
WINSTON
LE12 5RZ
 Postcode: _____
 Tel No: _____

CLIENT DETAILS (if appropriate)

Name: James Faulkner
 Address: _____

 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 206719
 Company: CS Hodgkins Ltd
 Address: 1 CHESSNUTS CLOSE
SUTTON BONNINGTON
 Postcode: LE12 5RZ
 Tel No: 01509 670178

DETAILS OF WORK CARRIED OUT (e.g. service, maintenance, etc.)

Service

APPLIANCE DETAILS

Type: <u>RANGE</u>	Location: <u>Kitchen</u>
Make: <u>AGA</u>	Model: <u>G.C. P/E</u>

INSTALLATION GENERAL (Yes/No/NA)

Emergency Control Valve Satisfactory: <input checked="" type="checkbox"/>	Gas Installation Pipework Satisfactory (Visual): <input checked="" type="checkbox"/>
Meter / Cylinder Installation Satisfactory (Visual): <input checked="" type="checkbox"/>	Gas Installation Correct Materials Used (Visual): <input checked="" type="checkbox"/>
Main Protective Bonding Satisfactory (Visual): <input checked="" type="checkbox"/>	Gas Tightness Test Satisfactory: <input checked="" type="checkbox"/>

SAFETY CHECKS

	Yes	No	N/A	OBSERVATIONS / COMMENTS
Ventilation satisfactory	<input checked="" type="checkbox"/>			
Safety device(s) correct operation	<input checked="" type="checkbox"/>			
Operating pressure / heat input (mbar / kW)		<u>2mbar</u>		

CHIMNEY CHECKS

	Yes	No	N/A	OBSERVATIONS / COMMENTS
Chimney / flue visual condition satisfactory	<input checked="" type="checkbox"/>			
Chimney / flue performance satisfactory	<input checked="" type="checkbox"/>			

APPLIANCE CHECKS (Satisfactory)

	Yes	No	N/A	OBSERVATIONS / COMMENTS
General condition, location and stability	<input checked="" type="checkbox"/>			
Gas connection, isolation and gas tightness	<input checked="" type="checkbox"/>			
Electrics <small>(incl. connection / isolation)</small>	<input checked="" type="checkbox"/>			
Water <small>(incl. isolation / connection / leak free)</small>			<input checked="" type="checkbox"/>	
Controls <small>(incl. user / appliance / system)</small>	<input checked="" type="checkbox"/>			
Burner / injectors	<input checked="" type="checkbox"/>			
Heat exchanger	<input checked="" type="checkbox"/>			
Fan(s)	<input checked="" type="checkbox"/>			
Ignition	<input checked="" type="checkbox"/>			
Flame picture	<input checked="" type="checkbox"/>			
Seals <small>(incl. appliance case, etc.)</small>	<input checked="" type="checkbox"/>			
Condensate trap / disposal			<input checked="" type="checkbox"/>	
Pressure relief valve			<input checked="" type="checkbox"/>	
Fireplace opening / void / closure plate			<input checked="" type="checkbox"/>	
Return air / plenum	<input checked="" type="checkbox"/>			

COMBUSTION PERFORMANCE ANALYSIS INFORMATION

CO reading <small>(where appropriate)</small>	Min: _____	Max: _____
CO ₂ reading <small>(where appropriate)</small>	Min: _____	Max: _____
Flue integrity (O ₂ %)		
Initial CO / CO ₂ ratio		
Final CO / CO ₂ ratio		
Full 'strip and clean' service undertaken	(Yes / No)	

SUMMARY

Appliance / installation safe to use YES (Yes / No)

'Warning Notice' serial number(s) * _____

REMEDIAL WORK REQUIRED / OTHER OBSERVATIONS / COMMENTS

Issued by: Gate Hodgkins Signed: [Signature]

Print Name: _____ Issue Date: 18.5.2021

Licence No: _____

Received by: _____ Signed: _____

Print Name: _____

Home Owner / Tenant / Landlord / Other (please state) _____ No one present at the time of visit

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