

COMMERCIAL GAS INSTALLATION SAFETY REPORT
(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

REGISTERED BUSINESS DETAILS

Gas Engineer: S. Rowles
 Gas Safe Registered Engineer No: 5294944
 Company: Rowles + Co Gas Reg No: 103256
 Address: PO Box 4562
Wentworth
RN14 9WU
 Postcode: Wentworth Tel No: 01903 204861

INSPECTION/INSTALLATION ADDRESS

Name & Title: DOVE LODGE.
 Address: BEACON ROAD
LITTLEHAMPTON
BN11 5SF Tel:
 Post Code: BN11 5SF Date: 4/11
 Issued to (print name): M. CARTON ~~4/11~~ 11-7-25

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 Engineer's Signature: [Signature] Date: 11-7-25
 Responsible person's signature: [Signature]

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

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

APPLIANCE DETAILS

	Location	Make	Model	Type	Flue type OF/IS-IN
1	<u>Boiler cupboard</u>	<u>MAIN</u>	<u>JRF</u>	<u>HEATER</u>	<u>RS</u>
2	<u>"</u>	<u>WESMAN</u>	<u>ZOO</u>	<u>BOILER</u>	<u>RS</u>
3	<u>Boiler cupboard</u>	<u>WESMAN</u>	<u>ZOO</u>	<u>BOILER</u>	<u>RS</u>
4					
5					

FLUE TESTS

Spillage test PASSED/FAIL	Smoke test PASSED/FAIL	Combustion analyzer reading (if applicable)	Operating pressure in boiler or hot liquid within 5 mins	Safety device(s) correct operation	Ventilation provision satisfactory	Satisfactory ventilation	Flue metal corrosion PASSED/FAIL	Appliance safe to use
<u>NA</u>	<u>NA</u>	<u>5.9</u>	<u>1000</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>PASS</u>	<u>Yes</u>
<u>NA</u>	<u>NA</u>	<u>8.3</u>	<u>1000</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>PASS</u>	<u>Yes</u>
<u>NA</u>	<u>NA</u>	<u>8.4</u>	<u>1000</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>PASS</u>	<u>Yes</u>

INSPECTION DETAILS

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

	WARNING NOTICED	WARNING END OF WORK	RESPONSIBLE PARTY ADVISED
1			
2			
3			
4			
5			

INSTALLATION PIPEWORK

Is a gas installation line diagram fixed near the primary meter? Yes NA
 Is the gas installation line diagram current? NA
 Are adequate emergency/closure valves fitted? NA
 Are emergency/closure valve handles in place and suitably labelled? NA
 Is pipework colour coded/identified? NA
 Is the gas installation electrically cross bonded? NA
 Is pipework suitably sleeved and sealed as appropriate? NA
 Has a gas strength/tightness test been carried out? NA

METER INSTALLATION

Is meter installation accessible? Yes
 Is the meter room/compartment adequately ventilated? NA
 Is the meter room/compartment secure? NA
 Is the meter room/compartment clear of combustibles etc? NA
 Is the meter room/compartment lock key clearly labelled? NA

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