

SERVICE / MAINTENANCE CHECK LIST

SERIAL N^o

CP6 2489891



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

CLIENT DETAILS (If appropriate)

Name: S-7 St Swithin si
 Address: BS1 1AQ
 Postcode: BS1 1AQ
 Tel No: _____

Name: efo hahmest
 Address: BS1 1AQ
 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 652365
 Company: NETWORK HEATRE
 Address: KEYNSHAM
BS1 1AQ
 Postcode: BS1 1AQ
 Tel No: 017531639.0798855721

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

Minor service & safety inspection
 Type: SYSTEM Location: BS1 1AQ
 Make: STUVA Model: 41407-89

APPLIANCE DETAILS

	Yes	No	N/A	OBSERVATIONS / COMMENTS
SAFETY CHECKS				
Ventilation satisfactory	<input checked="" type="checkbox"/>			
Safety device(s) correct operation	<input checked="" type="checkbox"/>			
Operating pressure / heat input (mbar / kW)		<input checked="" type="checkbox"/>		<u>No Subs</u>
CHIMNEY CHECKS				
Chimney / flue visual condition satisfactory	<input checked="" type="checkbox"/>			
Chimney / flue performance satisfactory	<input checked="" type="checkbox"/>			
APPLIANCE CHECKS (Satisfactory)				
General condition, location and stability	<input checked="" type="checkbox"/>			
Gas connection, isolation and gas tightness	<input checked="" type="checkbox"/>			
Electrics (incl. connection / isolation)	<input checked="" type="checkbox"/>			
Water (incl. isolation / connection / leak free)	<input checked="" type="checkbox"/>			
Controls (incl. user / appliance / system)	<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 (incl. appliance case, etc.)	<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"/>			

INSTALLATION GENERAL (Yes/No/NA)

Emergency Control Valve Satisfactory: Gas Installation Pipework Satisfactory (Visual):
 Meter / ~~Cylinder~~ Installation Satisfactory (Visual): Gas Installation Correct Materials Used (Visual):
 Main Protective Bonding Satisfactory (Visual): Gas Tightness Test Satisfactory:

COMBUSTION PERFORMANCE ANALYSIS INFORMATION

CO reading (where appropriate) Min: _____ Max: _____
 CO₂ reading (where appropriate) Min: _____ Max: _____
 Flue integrity (O₂%) _____
 Initial CO / CO₂ ratio _____
 Final CO / CO₂ ratio _____ (Yes / No)
 Full 'strip and clean' service undertaken _____ (Yes / No)

SUMMARY

Appliance / installation safe to use _____ (Yes / No)
 'Warning Notice' serial number(s)* NA

REMEDIAL WORK REQUIRED / OTHER OBSERVATIONS / COMMENTS

Related Thermocouples

Issued by: Sue Hahmest Signed: _____
 Print Name: SOPAC Issue Date: 04-07-24
 Licence No: _____

Received by: _____ Signed: _____
 Print Name: _____
 Home Owner / Tenant / Landlord / Other (please state) _____ No one present at the time of visit

* Refer to separate Warning Notice(s)

Top Copy – Gas User / Responsible Person

Bottom Copy – Registered Business

To re-order quote Ref. CP6