



Serial No:
CP15 9108484

**PLANT COMMISSIONING/SERVICING
RECORD (NON-DOMESTIC)**

Registered Business: Network Heating Registration No: 632363
 Address: KET-SHAM Operative licence No: 5887799
Bristol Date: 05-01-23
 Postcode: BS31 2DD Print Name: Simon Houghton
 Tel No: 0117 391639 / 0795 835776 Position held: Engineer

Job address: Client details if different:
 Name: _____ Name: Balkany PM
 Address: 3 St Stephen St Address: _____
Bristol
 Postcode: BS1 1EE Tel No: _____
 Received by (signature): _____ Postcode: _____ Tel No: _____

Appliance details	No. 1	No. 2	No. 3
Location:	<u>Attorney</u>		
Type:	<u>Boiler</u>		
Model:	<u>10 year condoro</u>		
Serial No:	<u>330 series 4</u>	<u>41-407-89</u>	
Burner manufacturer (if different):	<u>N/A</u>		
Flue type:	<u>OF</u>		

Combustion checks	No. 1		No. 2		No. 3	
	Low	High	Low	High	Low	High
Appliance No.						
Firing mode						
Heat input rating (kW)		<u>12.5</u>				
Gas burner pressure (mbar)		<u>12</u>				
Gas rate (m³/hr)		<u>11.6</u>				
Air/gas ratio control setting		<u>—</u>				
Ambient (room) temperature (°C)		<u>15.7</u>				
Flue gas temperature (°C)		<u>291</u>				
Flue gas temperature net (°C)		<u>193.4</u>				
Flue draught pressure (mbar)		<u>0.02</u>				
Oxygen (O₂) %		<u>8.0</u>				
Carbon Monoxide (CO) ppm		<u>34</u>				
Carbon Dioxide (CO₂) %		<u>7.3</u>				
NO _x %		<u>—</u>				
Excess air %		<u>62.0</u>				
CO/CO₂ - Ratio		<u>0.004</u>				
Gross efficiency %		<u>81.7</u>				
CO flue dilution ppm		<u>—</u>				

General safety checks (Yes/No/NA)	
Gas booster(s)/compressor(s) operating correctly?	<u>NA</u>
Gas installation tightness test carried out (if Yes, see separate form)? ^x	<u>YES</u>
Gas installation pipework adequately supported?	<u>YES</u>
Gas installation pipework sleeved/labelled/painted as necessary?	<u>YES</u>
Chimney system installed in accordance with appropriate standards?	<u>YES</u>
Chimney outlet termination(s) satisfactory?	<u>YES</u>
Fan-flue interlock operating correctly?	<u>NA</u>

Ventilation type - Natural (go to item 1.) Mechanical (go to item 2.)	
1. Room/boiler room/enclosure	low-level free area (cm²)
	high-level free area (cm²) ^x
Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	<u>YES</u>
2. Mechanical ventilation flow rate	inlet (m³/s)
	extract (m³/s)
Mechanical ventilation interlock operating correctly?	
Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	<u>YES</u>

Additional checks (Yes/No/NA)	No. 1	No. 2	No. 3
Flue flow test satisfactory?	<u>YES</u>		
Spillage test satisfactory?	<u>YES</u>		
Ventilation satisfactory (see also Ventilation type)?	<u>YES</u>		
Air/gas pressure switch operating correctly?	<u>NA</u>		
Flame proving/safety devices operating correctly?	<u>YES</u>		
Burner lock-out time (seconds)	<u>< 20</u>		
Temperature and limit thermostats operating correctly?	<u>YES</u>		
Appliance serviced?	<u>YES</u>		

Details of work carried out

Details of remedial work required

Safety Information (Yes/No)	If Warning Notice issued, insert Serial No*
Has a Warning Notice been raised?	<u>NO</u>
Have warning labels been attached?	
Has responsible person been advised?	

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, standards and procedures.

Gas operative's signature [Signature]

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