Installer Ref No: CH03504

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



To confirm the validity of the gas operative please contact Gas Safe Register on Tel: 0800 408 5500									
Registered Business: Acim	2	MAN	IWA	MINE	110	Registration No:			
Address: UNITO E						Operative licence No: 4317089			
Dorinton						Date: 27/4/18			
			~~~~			Date.			
Postcode: BN14 8	5/7	200	7			Print Name: 2 Scott			
Tel No: 01903 2	51	52	_			Position held: FEHCANGAR R.			
Job address:						Client details if different:			
Name: Southern 3	5:12	INC S	5 6	W.T	13	4 1/2 -	Name:		
Address: 96 W STING	AN	D.	LIM	19 E		Address:			
Southern CORTA CI									
Postcode: Po19 861	-				-	1			
			0				-111	CT. CT.	
Received by (signature):							Postcode: Tel No:		
Appliance details				No. 1			No. 2 No. 3		
Location:				4911	6	carel.		1	
Туре:		5101						Rest.	
Model:						12225			
Serial No:		757			2101	8/17.	/ /		
Burner manufacturer (if different):	3.6		N	0.77					
Flue type:			R	S.					
Combustion checks									
Appliance No.	N	0.1	N	lo.2	N	lo.3	Gas booster(s)/compressor(s) operating correctly?	NA	
Firing mode	Low	High	Low	High	Low	High	Gas installation tightness test carried out (if Yes, see separate form)?	yer ?	
Heat input rating (kW)	32.5	35.0			2	1	Gas installation pipework adequately supported?	7	
Gas burner pressure (mbar)	20-1	17.4	1	A.C.	1	1)	Gas installation pipework sleeved/labelled/painted as necessary?	x	
Gas rate (m³/hr)	_	-		/	1	/	Chimney system installed in accordance with appropriate standards?	7	
Air/gas ratio control setting	×	7	1		/	1	Chimney outlet termination(s) satisfactory?	NIA	
Ambient (room) temperature (°C)	180	18.0	(	/		N 611	Fan-flue interlock operating correctly?	NIA	
Flue gas temperature (°C)		67.5				1 B	Ventilation type – Natural (go to item 1.) Mechanical (go to iter	n 2.)	
Flue gas temperature net (°C)		69.5	WEST TO	1		11	1. Room/boiler room/enclosure low-level free area (cm²)	400	
Flue draught pressure (mbar)	708	0.30		The same	1	1	high-level free area (cm²)	400	
Oxygen (O <sub>2</sub> ) %	4.9	5.8	1000		1	1	Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	yes	
Carbon Monoxide (CO) ppm	3911.	66.	(	1	- 5		2. Mechanical ventilation flow rate inlet (m³/s)	MIN	
Carbon Dioxide (CO <sub>2</sub> ) %	9.1	8.6.				1	extract (m³/s)	STIR	
NO <sub>X</sub> %	1	1	A STATE		1	0	Mechanical ventilation interlock operating correctly?	CY/A	
Excess air %	30.6	32. 4	- Krasti	1	-	-	Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)		
CO/CO <sub>2</sub> – Ratio		10007		1	1	1	Details of work carried out		
Gross efficiency %	75.0	78.0	(					-	
CO flue dilution ppm			1577	CONTRACT OF					
Additional checks (Yes/No/	NA)				110	No.3			
Flue flow test satisfactory?				NIN	1				
Spillage test satisfactory?									
Ventilation satisfactory (see also Ve		AT A STATE OF THE	)?	77	1	Details of remedial work required	277653		
Air/gas pressure switch operating of				7		10			
Flame proving/safety devices opera	ating co	orrectly?		1	1	155			
Burner lock-out time (seconds)									
Temperature and limit thermostats operating correctly?									
Appliance serviced?									
Safety Information (Yes/No	)			issue	l, insert S		DECLARATION OF GAS SAFETY – I confirm that all of the above world		
Has a Warning/Advice Notice beer	raisec	1?	NO	NOI	V/1.	ÿ.	described on this form has been satisfactorily completed in accordance the current Gas Safety (Installation and Use) Regulations, standards are		
Have warning labels been attached?						procedures.			
Has responsible person been advised?						Gas operative's signature			

Key: Top Copy – Responsible person. Second Copy – Gas Operative

\* Refer to separate Warning/Advice Notice

To re-order quote Ref. CP15

Installer Ref No:

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





To confirm the validity of the gas operative please contact Gas Safe Register on Tel: 0800 408 5500										
Registered Business: Rein	~ /	TAN	wa	zixe	= C.	Registration No: 1298				
Address: UNIT )						Operative licence No: 4317089.				
DOMINION						Date: 27/4/18				
Postcode: BN14 81						THE STATE OF	Print Name: C. Scott.			
Tel No: 01903 237522							Position held: TENGINERU .			
lei No:	Canal Ca	7, 9	T			Position neid: 1206/hr-				
Job address:						Client details if different:				
Name: Southern Sidings UNIT B Address: 96 W STINLAND LID							Name:			
Address: 96 W STINL	aNi	0	477			Address:				
South asia	CH	VCLA	87	1						
Postcode: Po 19 860	R.	Tel N	0: -		-					
Received by (signature):						Postcode: Tel No:				
Appliance details				No. 1			No. 2 No. 3			
Location:		100	-100		007	and"	NO. 2 NO. 3			
Type:	TOP FLOOR OF STONAIR OF VIRESSMANN VINESSMANN VINESSMAN						1 3//			
							graphed the same of the stand			
Serial No:						0 /000				
Burner manufacturer (if different):										
Flue type:		R	5.			100 10 10 10 10 10 10 10 10 10 10 10 10				
Combustion checks							General safety checks (Yes/No/NA)			
Appliance No.	N	lo.1	N	0.2	N	lo.3	Gas booster(s)/compressor(s) operating correctly?			
Firing mode	Low		Low	High	Low	High	Gas installation tightness test carried out (if Yes, see separate form)?			
	3.8	35.0	-				Gas installation pipework adequately supported?			
Gas burner pressure (mbar)		19.0		1	5.	1	Gas installation pipework sleeved/labelled/painted as necessary?			
Gas rate (m³/hr)	/	-	- Contract	1			Chimney system installed in accordance with appropriate standards?			
Air/gas ratio control setting	-	1	1			/	Chimney outlet termination(s) satisfactory?			
Ambient (room) temperature (°C)	17.0	17.0	1	)	1		Fan-flue interlock operating correctly?			
Flue gas temperature (°C)	_	47.9		/	(		Ventilation type - Natural (go to item 1.) Mechanical (go to item 2.)			
Flue gas temperature net (°C)	1	47.01.		(		1	1. Room/boiler room/enclosure low-level free area (cm²) 400			
Flue draught pressure (mbar)	1	070			and the same of		high-level free area (cm²)			
Oxygen (O <sub>2</sub> ) %	4.6	5.6		1			Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)			
Carbon Monoxide (CO) ppm	24	_			(		2. Mechanical ventilation flow rate inlet (m³/s)			
Carbon Dioxide (CO <sub>2</sub> ) %	9.0	8.7		/	The same of	1	extract (m³/s)			
NO <sub>X</sub> %	-	1	1	1		1	Mechanical ventilation interlock operating correctly?			
Excess air %	294				1		Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)			
CO/CO <sub>2</sub> – Ratio		2004			(		Details of work carried out			
Gross efficiency % CO flue dilution ppm	9700	97.0	- 6-	6	1000	2				
	200		10000							
Additional checks (Yes/No/Flue flow test satisfactory?	NA)			NO.1	NO.2	2 No.3				
			4		(	and the same of				
Spillage test satisfactory?  Ventilation satisfactory (see also Ventilation type)?						Details of remedial work required				
Ventilation satisfactory (see also Ventilation type)?  Air/gas pressure switch operating correctly?										
Flame proving/safety devices operating correctly?  Burner lock-out time (seconds)										
Burner lock-out time (seconds)  Temperature and limit thermostats operating correctly?										
Appliance serviced?										
	If Warning/Advice Notice									
Has a Warring (Advice Notice been raised?   Value   described on this form has been satisfactorily completed in accordance with										
the current Gas Safety (Installation and Use) Regulations, standards and										
Have warning labels been attached?							procedures.			
Has responsible person been advis	sed?	G4 = 1	110				Gas operative's signature			

Key: Top Copy – Responsible person. Second Copy – Gas Operative

\* Refer to separate Warning/Advice Notice

To re-order quote Ref. CP15

Installer Ref No:

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





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Registered Business: Address: Doning Postcode: BN14 STERM ST	2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	1765 1765 1765 1765	WAR	circ (65 A	13.	Registration No: 1298.  Operative licence No: 4317089  Date: 27/4/18  Print Name: C. Scorr  Position held: Encironment.  Client details if different:  Name: Address: Tel No:				
Appliance details			-	No. 1		No. 2 No. 3				
Location:		101	Pla	oon (	COPI	Zand.				
Type:	,	10	Car.	2011	C set > -	4 7221				
Model:		CIRS.	31-100	VXIV	182015	4 660				
Serial No:		A	A STATE OF	A-T SAY	dix N	19 1-15				
Burner manufacturer (if different):				7V	-		1			
Flue type:			11	MA X						
Combustion checks							General safety checks (Yes/No/NA)  Gas booster(s)/compressor(s) operating correctly?  Gas installation tightness test carried out (if Yes, see separate form)?  Gas installation pipework adequately supported?  Gas installation pipework sleeved/labelled/painted as necessary?  Chimney system installed in accordance with appropriate standards?			
Appliance No.	N	0.1	N	0.2	N	0.3	Gas booster(s)/compressor(s) operating correctly?	W/A		
Firing mode	Low	High	Low	High	Low	High	Gas installation tightness test carried out (if Yes, see separate form)?	xx		
Heat input rating (kW)	8.8	35.0	-		>	-	Gas installation pipework adequately supported?	×1		
		16.2.	(		16		Gas installation pipework sleeved/labelled/painted as necessary?	yes		
Gas rate (m³/hr)		10			-		Chimney system installed in accordance with appropriate standards?	yell !		
Air/gas ratio control setting				/			Chimney outlet termination(s) satisfactory?	yes .		
Ambient (room) temperature (°C)	10.0	18.0	(			/	Fan-flue interlock operating correctly?	NA		
Flue gas temperature (°C)		70.5			1		Ventilation type – Natural (go to item 1.) Mechanical (go to item			
		70.5		1			1. Room/boiler room/enclosure low-level free area (cm²)	400.		
		0-30	727	1	1		high-level free area (cm²)	400		
Oxygen (O <sub>2</sub> ) %	100	4.8		/			Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	X		
Carbon Monoxide (CO) ppm	75	135	1 (		/		2. Mechanical ventilation flow rate inlet (m³/s)	-		
	7.30				/		extract (m³/s)	MICA		
NO <sub>X</sub> %	10	1 .		/			Mechanical ventilation interlock operating correctly?	NIA		
Excess air %	202	ner s	(				Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	N/T		
CO/CO <sub>2</sub> – Ratio	11000	24.3			1		Details of work carried out			
Gross efficiency %		9.70		)			Details of work carried out			
	15.0	1100	. (		)		AND			
CO flue dilution ppm  Additional checks (Yes/No/NA)  No.1 No.2 No.3										
Additional checks (Yes/No/I	NA)			District Control	NO.2	NO.3				
Flue flow test satisfactory?		ar Maria		MA	(					
Spillage test satisfactory?			12	MU.			Details of remedial work required			
Ventilation satisfactory (see also Ve			)!	7	(	7 4	Details of remedial work required			
Air/gas pressure switch operating co				74						
Flame proving/safety devices opera	iting co	orrectly?		M						
Burner lock-out time (seconds)										
Temperature and limit thermostats operating correctly?										
Appliance serviced?			Living .	1		)	Company of the second second second			
Safety Information (Yes/No)				If Warr issued	ning/Advio	ce Notice erial No*	DECLARATION OF GAS SAFETY – I confirm that all of the above work described on this form has been satisfactorily completed in accordance			
Has a Warning/Advice Notice been raised?						the current Gas Safety (Installation and Use) Regulations, standards and				
Usus warning labels been attached	10						the state of the s			

Key: Top Copy – Responsible person. Second Copy – Gas Operative

Has responsible person been advised?

\* Refer to separate Warning/Advice Notice

Gas operative's signature

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