

COMMERCIAL GAS TESTING AND PURGING RECORD
(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: **C2C 0348348**

REGISTERED BUSINESS DETAILS

Gas Engineer: **B. FITCHELL**
 Gas Safe registered engineer No: **551571**
 Company: **LBRO**
 Address: **THE GAS LONDON EAST UK**
VIEW RELE ASE
 Postcode: _____ Tel No: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Big Vic**
 Address: **Carole Irlidge Vic HANTS LAND**
 Post Code: **RG11 6LX** Tel: _____
 Issued to (print name): _____ Date: **31-1-24**

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/ _____
 Responsible person's signature: _____
 Date: **31-1-24**

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

Name & Title: _____
 Address: _____
 Post Code: _____ Tel: _____

Indicate work undertaken: **TIGHTNESS TEST**

PURGE

STRENGTH TEST

DETAILS OF TIGHTNESS TEST

Natural Gas (NG) or LPG? **NG**
 Installation: **12**
 Weather/Temperature stable? **Yes/No**
 Meter Type (e.g. Rotary, Diaphragm): **100000**
 Meter Designation (e.g. P7, U40, U16): **100000**
 Has a meter bypass been installed? **No**
 Installation Volume (lV): Gas Meter: **0.021915 m³**
 Installation Pipework & Fittings: **0.41645 m³**
 Total lV: **0.3946 m³**
 Test medium (gas or air): **Gas**
 TTP Tightness Test Pressure in mbar/bar: **21**
 Pressure Gauge (Std U-tube/Reduced scale/electronic): **11**
 MPLR Maximum Permitted Leak Rate m³/hour: **0.03**
 Let-by test period existing installations (in minutes): **1**
 Stabilisation Period (in minutes): **3**
 TTD Tightness Test Duration (in minutes): **3**
 Are there any areas with inadequate ventilation to check? **Yes/No**
 Is barometric pressure correction required? **Yes/No**
TIGHTNESS TEST RESULTS
 Actual pressure drop (if any at all): **0** mbar
 Actual Leak Rate (m³/hour) see overleaf: **N/A**
 Areas with inadequate ventilation been checked? **Yes/No**
 Tightness Test: **Pass/Fail**

DETAILS OF PURGING PROCEDURE

Has a risk assessment been carried out? **Yes/No**
 Has a procedure for the purge been documented? **Yes/No**
 Have necessary warning signs (eg No Smoking) been displayed? **Yes/No**
 Have all persons in the vicinity of the purge been advised accordingly? **Yes/No**
 Have all valves to and from specific pipework section been labelled? **Yes/No**
 If using Nitrogen gas for an indirect purge, have the gas cylinders been checked/verified for their correct content? **Yes/No**
 Are suitable type of the extinguishers available in case of an incident? **Yes/No**
 Are all necessary electrical leads fitted? **Yes/No**
 Calculate Purge Volume Gas Meter: _____ m³
 Installation Pipework & Fittings: _____ m³
 Total Purge Volume: _____ m³
 Is gas detector intrinsically safe? **Yes/No**
 Is oxygen measuring device intrinsically safe? **Yes/No**
PURGE TEST RESULTS
 Proceed with purge recording (final test criteria readings O₂ or LFL%): **Yes/No**
 Purge Test: **Pass/Fail**

DETAILS OF STRENGTH TEST

Components not suitable for strength testing have been removed or isolated prior to test: **Yes/No**
 Installation: _____
 Test Method: **Hydrostatic/ Pneumatic**
 Strength Test Pressure STP (Calculated): _____ mbar/bar
 Test medium: **Air/Nitrogen/Water**
 Stabilisation Period: _____ mins
 Strength test duration STD: _____ mins
 Permitted pressure drop: _____ % STP
 Calculated pressure drop: _____ mbar/bar
STRENGTH TEST RESULTS
 Actual pressure drop: _____ mbar/bar
 Strength Test: **Pass/Fail**

NOTIFICATION OF UNSAFE GAS INSTALLATION

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, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a separate Warning Advice Notice.

Gas operative's signature: _____
 Signature of Responsible person on behalf of client: _____

REGISTERED BUSINESS DETAILS

Gas Engineer: G. MITCHELL
 Gas Safe registered engineer No: 5570047
 Company: LSBD
 Address: THE CUBE LONDON EAST W1C
FIELD HILL AVE
REMO T GN
 Postcode: W1D 7 GN
 Reg No: 551577
 Tel No:

COMMERCIAL SERVICING/COMMISSIONING RECORD
 (USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: **C1C 0411379**

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.

Gas Engineer's signature



Date: 31-1-24

INSPECTION / INSTALLATION ADDRESS

Name & Title: SCOTT WGE
 Address: SCOTT MIERSEA WGE HARGIS LAVE
BARNDON
 Post Code: IG1 6 LX Tel:
 Issued to (print name): Date: 31-1-24

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

Name & Title:
 Address:
 Post Code:
 Tel:

APPLIANCE DETAILS

Location:	No. 1	No. 2	No. 3
Type:	BID WAGE	BID WGE	BID WAGE
Model:	BID O/C	BID	BID
Serial No.:	ULTRA MAX 3601	ULTRA MAX 3601	ULTRA MAX 3601
Burner manufacturer (if different):	CG1102 1018	CG1102 0009	CG1102 0018
Fuel type:	N/A	N/A	N/A

COMBUSTION CHECKS

	No. 1	No. 2	No. 3
Appliance No.:			
Firing Mode:			
Heat input rating (kW)	Low High	Low High	Low High
Gas burner pressure (mbar)	22.6	22.6	22.6
Gas rate (m ³ /hr)	N/A	N/A	N/A
Air/gas ratio control setting	19.4	19.4	19.4
Ambient (room) temperature (°C)	18.9	12.2	21.2
Flue gas temperature (°C)	58	57	56
Flue gas temperature net (°C)	58	57	56
Flue draught pressure (mbar)	0.02	0.02	0.02
Oxygen (O ₂) %	2.1	3.8	3.4
Carbon Monoxide (CO) ppm	4	3	3
Carbon Dioxide (CO ₂) %	10.1	9.7	9.4
NO _x %	16	13	11
Excess air %	11	22	12
CO/CO ₂ Ratio	0.00	0.00	0.00
Gross efficiency %	88	87	88
CO flue dilution ppm	N/A	N/A	N/A

ADDITIONAL CHECKS (Yes/No/N/A)

	No. 1	No. 2	No. 3
Flue flow test satisfactory	Yes	Yes	Yes
Spillage test satisfactory	Yes	Yes	Yes
Ventilation satisfactory (see also GENERAL SAFETY CHECKS)	Yes	Yes	Yes
Air/gas pressure switch operating correctly	Yes	Yes	Yes
Flame proving/safety devices operating correctly	Yes	Yes	Yes
Burner lock-out time (seconds)	149	192	150
Temperature and limit thermostats operating correctly	Yes	Yes	Yes
Appliance serviced	Yes	Yes	Yes

DETAILS OF REMEDIAL WORK REQUIRED:

Flue B-ADVICE N/A ELECTRODS + PHOS

GENERAL SAFETY CHECKS (Yes/No/N/A)

Gas booster(s)/compressor(s) operating correctly?	N/A
Gas installation tightness test carried out? (if test gas separate item)	Yes
Gas installation pipework adequately supported?	Yes
Gas installation pipework sleeved/labelled/painted as necessary?	Yes
Flue system installed in accordance with appropriate standards?	Yes
Flue termination(s) satisfactory?	Yes
Fan-flue interlock operating correctly?	Yes

VENTILATION TYPE

1. Plant room/compartment ventilation	2. Mechanical - see item 2
low-level free area (cm ²)	high-level free area (cm ²)
13288	14888
inlet (m ²)	extract (m ²)
N/A	N/A
All ventilation grilles clear and unobstructed?	Mechanical ventilation interlock operating correctly?
N/A	N/A
All ventilation grilles clear and unobstructed?	
N/A	

SAFETY INFORMATION

Has a Warning/Advice Notice been raised?	No
Have warning labels been attached?	N/A
Has responsible person been advised?	N/A