

COMMERCIAL GAS INSTALLATION SAFETY REPORT

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

REGISTERED BUSINESS DETAILS

Gas Engineer: Simon
 Gas Safe Registered Engineer No: 5294944
 Company: Burnet & Coates LTD Reg No: 103256
 Address: PO Box 4562 Merton
 Postcode: Burc QEW Tel No: 01903 804561

INSPECTION/INSTALLATION ADDRESS

Name & Title: General United Reform Church
 Address: Balderton Rd Colwth By Sea, Merton
 Post Code: Burc 4EA Tel:
 Issued to (print name): Brett Date: 5-12-25

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 Engineers Signature/
 Responsible person's signature:

Date: 5-12-25

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

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

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS				
	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	Plant Room	Vissman	100	Boiler	RS	NA	NA	8-3	51w	Yes	Yes	Yes	Pass	Yes
2	Kitchen	Delonghi		Hob	FL	NA	NA	NA	11w	NA	Yes	NA	NA	Yes
3	Kitchen	Delonghi		Hob	FL	NA	NA	NA	71w	NA	Yes	NA	NA	Yes
W4	Church	DW	AKT 10	Boiler	RS	NA	NA	5-3	11w	Yes	Yes	Yes	Pass	Yes
W5	Church	DW	AKT 10	Boiler	RS	NA	NA	5-4	11w	Yes	Yes	Yes	Pass	Yes

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1			
2			
3			
4			
5			

WARNING NOTICE ISSUED Yes/No/NA	** WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED

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

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		✓
Is the gas installation line diagram current?	✓	✓
Are adequate emergency/isolation valves fitted?	✓	✓
Are emergency/isolation valve handles in place and suitably labelled?	✓	✓
Is pipework colour coded/identified?	✓	✓
Is the gas installation electrically cross bonded?	✓	✓
Is pipework suitably sleeved and sealed as appropriate?	✓	✓
Has a gas strength/tightness test been carried out?*	✓	✓

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

METER INSTALLATION	Yes	No
Is meter installation accessible?	✓	
Is the meter room/compartment adequately ventilated?	✓	
Is the meter room/compartment secure?	✓	
Is the meter room/compartment clear of combustibles etc?	✓	
Is the meter room/compartment lock key clearly labelled?	✓	

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(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C3C 0299870

REGISTERED BUSINESS DETAILS

Gas Engineer: S Bounus
Gas Safe Registered Engineer No: 52944944

Company: Bounus & Co Ltd Reg No: 103256

Address: Po Box 4562 WORLHURST,
Postcode: BN14 0WW Tel No: 01903 204561

INSPECTION/INSTALLATION ADDRESS

Name & Title: GORNAL UNITED Reform Church

Address: BALWYN RD, GORNAL BY SEA, WORLHURST

Post Code: BN12 4EA Tel:

Issued to (print name): Regin Date: 5-12-25

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 Engineers Signature/
Responsible person's signature:

Date: 5-12-25

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

Name & Title: SAME AS

Address:

Post Code: _____ Tel: _____

APPLIANCE DETAILS

	Location	Make	Model	Type	Flue type OF/RS/FL	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Appliance safe to use Yes/No
1	Chimney	DLW	AL10	Horizontal	RS	NA	NA	5.3	11kw	Yes	Yes	Yes	PASS	Yes
2	Chimney	DLW	AL10	Horizontal	RS	NA	NA	5.5	11kw	Yes	Yes	Yes	PASS	Yes
3	Chimney	DLW	AL10	Horizontal	RS	NA	NA	5.0	11kw	Yes	Yes	Yes	PASS	Yes
4	Chimney	DLW	AL10	Horizontal	RS	NA	NA	5.6	11kw	Yes	Yes	Yes	PASS	Yes
5	Chimney	DLW	AL10	Horizontal	RS	NA	NA	5.9	11kw	Yes	Yes	Yes	PASS	Yes

GIVE DETAILS OF ANY FAULTS

1	Heater South east corner
2	Callus off Burner corroded
3	combustion
4	combustion
5	

RECTIFICATION WORK CARRIED OUT

Call off burner

WARNING NOTICE ISSUED Yes/No/NA	** WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED

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

INSTALLATION PIPEWORK

	Yes	No
Is a gas installation line diagram fixed near the primary meter?		✓
Is the gas installation line diagram current?	✓	✓
Are adequate emergency/isolation valves fitted?	✓	✓
Are emergency/isolation valve handles in place and suitably labelled?	✓	✓
Is pipework colour coded/identified?	✓	✓
Is the gas installation electrically cross bonded?	✓	✓
Is pipework suitably sleeved and sealed as appropriate?	✓	✓
Has a gas strength/tightness test been carried out?*		

*If yes see separate Gas Testing and Purging Certificate (Non-Domestic).

METER INSTALLATION

	Yes	No
Is meter installation accessible?	✓	
Is the meter room/compartment adequately ventilated?	✓	
Is the meter room/compartment secure?	✓	
Is the meter room/compartment clear of combustibles etc?	✓	
Is the meter room/compartment lock key clearly labelled?	✓	