

## REGISTERED BUSINESS DETAILS

Gas Engineer: STANLEY  
Gas Safe Registered Engineer No: 5294944  
Company: Bouquet Cooling Ltd Reg No: 103256  
Address: PO Box 4562 Warrington  
Postcode: B914 9CW Tel No: 01903 209561

## INSPECTION/INSTALLATION ADDRESS

Name & Title: General United Reform Church  
Address: Barnington Rd Colwich By Sea, Warrington  
Post Code: B92 4EA Tel:   
Issued to (print name): BGT 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: [Signature]

Date: 5-12-25

## CUSTOMER'S NAME &amp; 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	Plant Room	Vicoraw	100	Bouquet	RS	NA	NA	8-3	15W	Yes	Yes	Yes	Pass	Yes
2	Kitchen	Delonghi		HOB	FL	NA	NA	NA	21W	Yes	Yes	NA	NA	Yes
3	Kitchen	Delonghi		HOB	FL	NA	NA	NA	21W	Yes	Yes	NA	NA	Yes
W4	Chimney	DRW	AK10	Chimney	RS	NA	NA	5-3	11W	Yes	Yes	Yes	Pass	Yes
W5	Chimney	DRW	AK10	Chimney	RS	NA	NA	5-4	11W	Yes	Yes	Yes	Pass	Yes

## GIVE DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

## RECTIFICATION WORK CARRIED OUT


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?	<u>N/A</u>	<u>✓</u>
Is the gas installation line diagram current?	<u>N/A</u>	<u>✓</u>
Are adequate emergency/isolation valves fitted?	<u>✓</u>	<u>✓</u>
Are emergency/isolation valve handles in place and suitably labelled?	<u>✓</u>	<u>✓</u>
Is pipework colour coded/identified?	<u>✓</u>	<u>✓</u>
Is the gas installation electrically cross bonded?	<u>✓</u>	<u>✓</u>
Is pipework suitably sleeved and sealed as appropriate?	<u>✓</u>	<u>✓</u>
Has a gas strength/tightness test been carried out?*	<u>✓</u>	<u>✓</u>

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

## METER INSTALLATION

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



## REGISTERED BUSINESS DETAILS

Gas Engineer: Stoum  
Gas Safe Registered Engineer No: 5294944  
Company: Bournes & Coles Ltd Reg No: 103256  
Address: PO Box 4562 WORTHAM  
Postcode: BN14 9WW Tel No: 01903 204561

## INSPECTION/INSTALLATION ADDRESS

Name & Title: GORWEL UNITED Reform Church  
Address: RAILWAY RD, GORWEL BY SOA, WORTHAM  
Post Code: BN12 4EA Tel:   
Issued to (print name): BOB 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: [Signature]

Date: 5-12-25

## CUSTOMER'S NAME &amp; 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
W1	Church	DRU	ALFIO	HEATER	RS	NA	NA	5.3	11kw	Yes	Yes	Yes	PASS	Yes
W2	Church	DRU	ALFIO	HEATER	RS	NA	NA	5.3	11kw	Yes	Yes	Yes	PASS	Yes
E3	Church	DRU	ALFIO	HEATER	RS	NA	NA	5.0	11kw	Yes	Yes	Yes	PASS	Yes
E4	Church	DRU	ALFIO	HEATER	RS	NA	NA	5.6	11kw	Yes	Yes	Yes	PASS	Yes
E5	Church	DRU	ALFIO	HEATER	RS	NA	NA	5.3	11kw	Yes	Yes	Yes	PASS	Yes

## GIVE DETAILS OF ANY FAULTS

1	
2	HEATER SOUTH EAST CORNER
3	CAP OFF, BURNER COMBUSTED
4	INCOMPLETE COMBUSTION
5	

## RECTIFICATION WORK CARRIED OUT

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

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

## INSTALLATION PIPEWORK

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

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

## METER INSTALLATION

	Yes	No
Is meter installation accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the meter room/compartment adequately ventilated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the meter room/compartment secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the meter room/compartment clear of combustibles etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the meter room/compartment lock key clearly labelled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>