

SERVICE/MAINTENANCE RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate Unless specifically recorded no detailed inspection of the flue lining. Construction or integrity has been performed. To confirm the validity of the gas engineer please contact Gas Safe Register on Telephone 0800 408 5500.



ENGINEERS DETAILS

Company Name:

Address:

Phone:

Gas Safe Registration No. Gas Safe License No.

INSTALLATION DETAILS

Address:

Phone:

Reference:

CLIENT DETAILS

Address:

Address:

Phone:

APPLIANCE DETAILS				INSTALLATION DETAILS						
Location	Appliance Type	Make	Model	Standard/High Efficiency	Flue Type	Rented Accommodation	Type of Work	Gas Tightness Satisfactory	Equipotential Bonding	Full Strip & Clean
Kitchen cupboard	Combi boiler	Worcester Bosch	36CDi Compact	HE	RS	Yes	Service	Yes	Fail	No

SAFETY - General	DEFECT(S) - Remedial Action Taken/Required*
Ventilation correct	Yes
Satisfactory flue flow check	Yes
Satisfactory spillage test	Yes
Chimney & termination correct	Yes
Safety device(s) correct	Yes
Gas rate/Heat input	N/A

COMBUSTION ANALYSIS		
Flue integrity O ₂	20.9	%
Flue integrity CO	0	ppm
Low/Min fire ratio	0.0000	
Low/Min fire CO	3	ppm
Low/Min fire CO ₂	7.3	%
Low/Min opt/inlet pressure	22.24	mBar
High/Max fire ratio	0.0006	
High/Max fire CO	50	ppm
High/Max fire CO ₂	8.7	%
High/Max opt/inlet pressure	19.23	mBar

APPLIANCE - Satisfactory	DEFECT(S) - Remedial Action Taken/Required*
Burner(s)/Injector(s)	Yes
Ignition and flame picture	Yes
Heat exchanger	Yes
Electrical connection	Yes
Appliance/system controls	Yes
Fan(s)	Yes
Seals (appliance case etc.)	Yes
Fireplace catchment space	N/A
Closure plate	N/A
Location and stability	Yes
Return air/plenum	N/A

Next safety check due by
21/10/2022

Responsible persons name: Responsible persons signature:

Date:

Is the appliance safe to use? **YES** If no has a warning/advisory notice been attached with the appropriate label on the appliance?

Engineers Notes/Remedial work required?

SMR ID:

Engineers Name:

Issued date: Signature: