

YOUR LOGO HERE

SERVICE/ MAINTENANCE CHECK LIST

Job No: 

Registered Business Details		Job Address	
Company:		Customer:	
GAS SAFE card and Licence No:		Name:	
Address:		Address: ,	
Postcode:	Tel No:	Postcode:	Tel No:
Gas tightness test carried out		Rented accommodation	
NO		NO	
Gas tightness test result		Type of work	
N/A			

APPLIANCE DETAILS		COMMENTS
Type		Appliance - Visit -
Make		
Model		
Location		
Serial Number		

COMBUSTION GAS ANALYSIS INFORMATION						
Initial combustion reading, where applicable			N/A	Final combustion reading, where applicable		N/A
CO PPM	N/A	CO2%	N/A	CO/ CO2 Ratio	N/A	

SAFETY CHECKS	YES/ NO/ N/A	REMEDIAL ACTION/ NATURE OF DEFECT
Ventilation satisfactory	NO	
Flue termination satisfactory	NO	
Flue flow test satisfactory	NO	
Spillage test satisfactory	NO	
Safety device(s) satisfactory	NO	
Operating pressure	N/A	
Working pressure	N/A	

APPLIANCE CHECKS	YES/ NO/ N/A	REMEDIAL ACTION/ NATURE OF DEFECT
Burner / injectors	NO	
Heat exchanger	NO	
Ignition	NO	
Electrics	NO	
Controls	NO	
Gas / Water leaks	NO	
Seals (appliance case etc)	NO	
Gas Pipework/ Connections	NO	
Fan(s)	NO	
Fireplace opening / void	NO	
Closure plate	NO	
Flame picture	NO	
Location	NO	
Stability	NO	
Return air / plenum	NO	

FINDINGS	
Is the appliance / installation safe for use?	No
If No, issue a Warning /Advice Notice and attach a Warning Label, insert Serial No.	
The following remedial work is required:	

Gas User signature: <input type="text"/>	Gas Engineer signature: <input type="text"/>
Print name: <input type="text"/>	Print name: <input type="text"/>
Date: <input type="text"/>	