

REGISTERED BUSINESS DETAILS

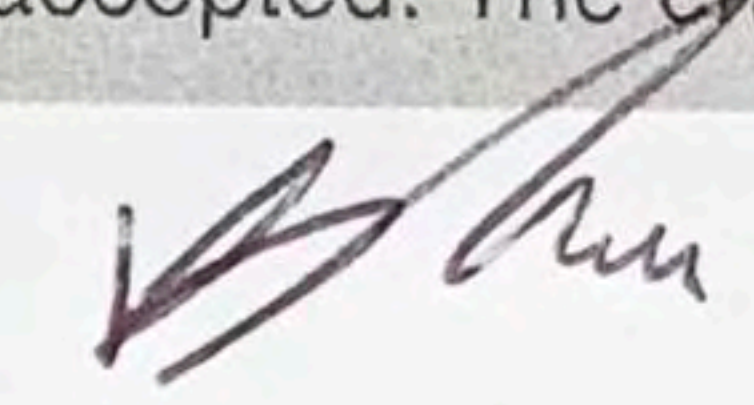
Reg No: **527 4388**

Gas Engineer: **K DEVSHI**
 Gas Safe Registered Engineer No: **617006**
 Company: **NUVO Gas LTD**
 Address: **14**
 Postcode: **LE48JD** Tel No: **07568 325154**

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: **19/10/22**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Alexandra Court**
 Address: **342 London Road**
 Post Code: **LE2 2PS** Tel:
 Issued to (print name): Date: **19/10/22**

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

Name & Title: **OWNZ Management**
 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	Basement	Worcester	40 class	Boiler	RS	N/A	N/A	74.9.6 0.0008	20mb	Yes	Yes	Yes	Pass	Yes
2	"	Worcester	40 class	Boiler	RS	N/A	N/A	71.9.6 0.0007	20mb	Yes	Yes	Yes	Pass	Yes
3	"	Worcester	40 class	Boiler	RS	N/A	N/A	74.9.6 0.0008	19.5mb	Yes	Yes	Yes	Pass	Yes
4	/	/	/	/	/	/	/	/	/	/	/	/	/	/
5	/	/	/	/	/	/	/	/	/	/	/	/	/	/

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER FIXED Yes/No/NA	RESPONSIBLE PERSON INFORMED
1	No gas line diagram	Advised client		No	No	Yes
2	/	/	/	/	/	/
3	/	/	/	/	/	/
4	/	/	/	/	/	/
5	/	/	/	/	/	/

** 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?	/	/

Serial No

LAB 080805

GAS TESTING AND PURGING (NON DOMESTIC)

This form should be completed in accordance with the current requirements of IGE/UP/1 or IGE/UP/1A
Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

gas safe
REGISTER

Gas Safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 617006
Registered Engineer's Name KRISH DEVSHI
Gas Safe Register Licence Number 5274388
Business Nuvo Gas Ltd
Address 14
Postcode LE4 8JD
Contact No 01568325154

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
Address Alexandra Court
342 London Road
Leicester
Postcode LE2 2PS
Contact No _____

Details of Landlord/Client (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) OWNZ Management
Address _____
Postcode _____
Contact No _____

Strength test details

State test method Pneumatic (P) or Hydrostatic (H) ///
Installation - New (N) - New extension (NE) - Existing (E) ///
Have components not suitable for strength testing been removed or isolated from installation as necessary Yes No
Calculated strength test pressure (STP) (mbar/bar) ///
Test medium - air, nitrogen, water (hydrostatic test) etc ///
Stabilisation period (minutes) ///
Strength test duration (STD) (minutes) ///
Permitted pressure drop (% STP) ///
Calculated pressure drop (mbar/bar) ///

Findings

Actual pressure drop (mbar/bar) ///
Strength test Pass or Fail ///

Tightness test details

Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG) NG
Installation type - New (N) - New extension (NE) - Existing (E) E
Could weather or changes in temperature affect test? Yes No
Meter type (Diaphragm, Rotary etc.) Diaphragm
Meter type (U16, U40, P7 etc) U25
Meter bypass installed Yes No
Installation volume (IV) Gas meter (m³) 0.037
Installation pipework & fittings (m³) 0.376
Total IV (m³) 0.413
Test medium - fuel gas, air Gas
Tightness test pressure (TTP) mbar/bar 21mb
Pressure gauge type (water, high SG, electronic etc.) Water High
MPLR† m³/h (IGE/UP/1) or MAPD†† mbar (IGE/UP/1A) 1A
Let-by test period existing installations (minutes) 3
Stabilisation period (minutes) 2
Tightness test duration (TTD) (minutes) 3
Any inadequately ventilated areas to check? Yes No
Is barometric pressure correction necessary? Yes No

Findings

Actual leak rate m³/hr** 0
Actual pressure drop (if any) mbar 0
Have inadequately ventilated areas been checked? Yes No N/A
Tightness test Pass or Fail PASS

Purging procedure details

Has a risk assessment been carried out? Yes No
Has a written procedure for the purge been prepared? Yes No N/A
Have "NO SMOKING" signs etc been displayed as necessary? Yes No N/A
Have any persons in the vicinity of the purge been advised accordingly? Yes No N/A
Have all appropriate valves to and from the section of pipe been labelled? Yes No N/A
Where Nitrogen gas is being used for an indirect purge have the gas cylinders been checked/verified for their correct content? Yes No N/A
Are suitable fire extinguishers available in case of an incident? Yes No N/A
Are two way radios (intrinsically safe) available? Yes No N/A
Have all electrical bonds been fitted as necessary? Yes No N/A
Calculate purge volume Gas meter (m³) _____
Installation pipework & fittings (m³) _____
Total purge volume (m³) _____
Is gas detector/oxygen measuring device as appropriate, intrinsically safe? Yes No

Findings

Complete purge noting final test criteria readings (O₂% or LFL%) _____
Purge Pass or Fail ///

INDICATE WORK UNDERTAKEN

Strength test	<input checked="" type="checkbox"/>
Tightness test	<input checked="" type="checkbox"/>
Purge	<input checked="" type="checkbox"/>

* and ** see overleaf

† Maximum permitted leak rate

†† Maximum allowable pressure drop

DECLARATION OF GAS SAFETY - I confirm that all of the above work described on this form has been satisfactory completed in accordance with the current Gas Safety (Installation and Use) Regulations, industry standards and procedures.

Gas engineers signature K DEVSHI Date: 19/10/22
Responsible person's signature NOT PRESENT Date: _____

Attention: where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results. The installation has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION - I confirm that all of the above work described on this form has been satisfactory completed in accordance with the current Gas Safe (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 engineers signature _____ Date: _____
Responsible person's signature _____ Date: _____

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

REGISTERED BUSINESS DETAILS

Reg No: 5274338
 Company: Nuvo Gas LTD
 Address: 14
 Postcode: LE4 8JD
 Tel: 07568325134

INSPECTION/INSTALLATION ADDRESS

Name & Title: N/A (FLAT 11)
 Address: Alexandra Court
 342 London Road,
 Leicester
 Postcode: LE2 2PS Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: OWNZ Management
 Address:
 Postcode: Tel:

Number of appliances tested: 1

	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS								
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No
1	Kitchen	Falcon	CHR FL		17.5mb	Yes	N/A	N/A			Yes	Yes	Yes	Yes	Yes	NO	Yes
2																	
3																	
4																	
5																	

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING * NOTICE ISSUED	WARNING TAG or LABEL FIXED
			Yes/No/NA	Yes/No/NA
1				
2				
3				
4				
5				

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A Are CO Alarms in Date: Yes No N/A Testing of CO Alarms Satisfactory: Yes No N/A Smoke Alarms Fitted: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS
 - CO Alarm not dated
 - Recommended that a test point/isolation valve be fitted at an accessible location within the flat

NEXT GAS SAFETY CHECK DUE BEFORE:
 19/10/23

ISSUED BY (GAS ENGINEER)
 Print Name: K DEVSTHI Signed: [Signature]
 Licence No: 017006 Issue Date: 19/10/23

RECEIVED BY
 (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit
 Received By: _____ Signed: _____ Print Name: _____