General Worksheet X	Gas Safety	y Check					Sure	<b>Vlain</b>	tenan	ce 🕙	
NATURAL GAS ONLY  Job No: 506975027C Form Serial No: 3953611	NOTE TO LANDLORDS  This inspection is for gas safety purposes only and is in accordance with current Gas Safety (Installation & Use) Regulations. Flues were 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.						Part of the Sureserve Group  Sure Maintenance Ltd				
Dwelling Type: Commercial  Customer Name: .	Client Name:		nire City Cou	ncil			Unit 16,	The Matchworks	s, Speke Road, Liverpo gister Number: 18043		
Address: Accrington Union Street Area Office 44 Union Street	Address: Design & Construction County Hall, Fishergate Preston, Lancashire						INSTALLATION TIGHTNESS TEST				
Accrington BB5 1PL	Fie	estori, Laricastille					Stabilisation period	mins	Meter Operating Pressure	mb	
550 11 2	Tel No:		Post Co	de: PR1	1 8XJ		Let by period	mins	Installation Type		
Work Instruction: PPM - Air Conditioning	Works Order	Number: IN	S385371				Test Period	mins	Location Tested		
							Test pressure loss	mb	Installation Volume		
							Test pressure	mb	Test Result		
APPLIANCE DETAILS		SA	FETY CHECK F	REPORT - AF	PPLIANCES CH	IECKED/ WORK	ED ON			MAKE	
DESCRIPTION Flue Type		OPERATION	VENTILATION				ERFORMANCE CHE			SAFE ACTION	
Type Make Model Age O/B/FF /PF/VFF/ O FF or	Location pres Heat	erating Value Safety sure or Device Input or OK	Provision	CO PPM LOW/HIGH	CO2% LOW /HIGH	CO/ CO2 Ratio % LOW/HIGH	Gross Efficiency% LOW / HIGH	Flue Spil Flow lage Test Test OK OK	Flues in Visual Condition of Flue & Termination	AR Safe Or to I.D use	

WORK / INSPECTION REPORT		Warning Notice issued and advised client:				
carried out and completed ac service on site	Fan-flue interlock operating correctly?					
1x ac unit on site no faults to report	Gas installation pipe work satisfactory - visual only					
ac unit is old and spare parts can no longer be sourced so if unit eer fault it will.hav	Meter correctly installed					
	Pipe work sleeved - visual only					
	Emergency control valve correctly installed					
	Equipotential bonding correctly installed					
	Gas meter					
				Meter type		
Work Completed: YES If 'NO' State reason:	I certify that the above detailed work has been carried out to my satisfaction and that a copy of this worksheet will be forwarded.					
Operative's Print Name: SSUMNER	FORM AUTHORISATION DETAILS	Gas Safe number: n/a		-Customers	Print Name: .	
Signature Date: Sept 09 2024	Status: Unapproved Login: NONE Date: 09/0	9/2024 08:49:46	Signature	Date: Sept 09 2024		