Oakfield Heating Ltd

GAS APPLIANCE SERVICE & REPAIR

RECORD NUMBER

Work date:

BLANK SAMPLE - NOT AN ISSUED CUSTOMER RECORD

ISSUING BUSINESS	CUSTOMER / INSTALLATION	ENGINEER / JOB DETAILS
Address: Company no.: Telephone: Email: Engineer:	Name: Address: Telephone: Email:	Engineer: Nation: Job reference: Competence:

Gas Safe reg.: Engineer licence:

WORK DESCRIPTION & APPLIANCE DETAILS

Work carried out	

No.	Location	Make / model	Appliance type	Serial number	Flue type	Heat input kW	Operating pressure mbar

COMBUSTION READINGS - LOW RATE / HIGH RATE

No.	Low CO ppm	Low CO2 %	Low CO/CO2	High CO ppm	High CO2 %	High CO/CO2	O2 % (single)

COMBUSTION READINGS - BREAKDOWN INVESTIGATION

Appliance	Operating conditions	CO ppm	CO2 %	CO/CO2 ratio

APPLIANCE INSPECTION RESULTS

No.	Safety devices	Spillage	Flue flow	Termination	Flue visual	Ventilation	Landlord owned	Inspected	Visual check	Serviced	Safe to use

APPLIANCE 1

Appliance operated correctly?		Appliance safety requirements		Controls checked / adjusted?		Flueing assessment	
Combustion test assessment		Burner pressure / gas rate check		Magnetic filter fitted?			
Replacement recommended?		System improvements advised?		Functional spares available?			

INSTALLATION, ALARMS & VISIT FINDINGS

Pipework visual	ECV accessible	Tightness satisfactory	Bonding satisfactory	CO alarm fitted	CO alarm in date	CO alarm tested	Smoke / heat alarm

Defects / faults		Remedial action	
Service work / parts			

Warning issued / label	Appliances tested	Checks recorded	Next check due before	Received by

Service also completed?		Fault location	
Fault status		Parts still required	
Tightness test carried out?		Safety notice handover		Approved audible CO alarm fitted?	
Outstanding required checks			

ISSUED BY / ENGINEER	RECEIVED BY / CUSTOMER
Print name: Signature:	Print name: Signature:

Receipt acknowledgement: Author acknowledgement:

Record of work and checks entered by the issuing engineer. Complete required manufacturer / scheme documents separately.