

MAINTENANCE/SERVICE CHECK LIST

Serial No: 65C0177288

Do not use this form as a Landlord's Gas Safety Record

INSPECTION ADDRESS

Name: GAUGON CENTRE
 Address: 99 TITFIELD ST
 KILMARNOCK
 Postcode: KA11 1Q1
 Tel No.:

REGISTERED BUSINESS DETAILS

Reg No: 563726
 Gas Engineer: S. MANUEL
 Gas Safe registered engineer No: 3894616
 Company: JOHNSON CONTROLS
 Address: UNIT 1 HORNBY WAY
 BASILDON
 Postcode: SS15 6TA Tel No.:

Rented accommodation: YES NO

Work Description: Routine Service Call Out

Date & Time of issue: 27-10-16 0600
 Engineer's signature: S Manuel

APPLIANCE DETAILS

Make: ANDREWS
 Type: ~~SFP~~ B11
 Model: 54/418PP
 Location: PLANT ROOM

COMMENTS

FITTED NEW PCB REMOVED BURNER
 (CLEANED PILOT ASSEMBLY)

APPLIANCE CHECKS

	YES	NO	N/A
Heat exchanger	✓		
Burner / injectors	✓		
Flame picture	✓		
Ignition	✓		
Electrics	✓		
Controls	✓		
Leaks gas / water	✓		
Gas connections	✓		
Seals	✓		
Pipework	✓		
Fans			✓
Fireplace			✓
Closure plate & PRS10 tape			✓
Allowable location	✓		
Stability	✓		
Return air / Plenum			✓

DEFECT FOUND / REMEDIAL ACTION TAKEN

NEW PCB FITTED

Name	Ack'd	Pass To	Date
Gen Man			
Dep Gen Man			
Ops Man			
D Man			
D Man			
D Man			
D Man			
Admin			
Plant			
Eng			
Hand			

SAFETY CHECKS

	YES	NO	N/A
Ventilation	✓		
Flame Termination	✓		
Smoke pellet flue flow test	✓		
Smoke match spillage test			✓
Working pressure	✓		
Safety device	✓		
Other (Regulations etc.)	✓		
Gas Tightness Test Performed?	✓		

DEFECT FOUND / REMEDIAL ACTION TAKEN

PASS OR FAIL? PASS

FINDINGS

Is the installation and appliance safe to use? YES NO

If NO has warning notice been raised and warning labels or stickers attached? YES NO

Has the installation been carried out to the relevant standard/manufacturers instructions? YES NO

Necessary remedial work required: (see 'findings' overleaf)

Customer's signature: *M. Pilkington* Print name: M. PILKINGTON Date: 27/10/16

Engineer's signature: *S Manuel* Print name: STUART MANUEL Date: 27-10-16

MAINTENANCE/SERVICE CHECK LIST

Serial No: **65C0177814**

Do not use this form as a Landlord's Gas Safety Record

INSPECTION ADDRESS

Name: GALLEON CENTRE
 Address: KILMARNOCK

 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 563726
 Gas Engineer: S HARKER
 Gas Safe registered engineer No: 3894608
 Company: JOHNSON CONTROLS
 Address: UNIT 1, HORNSBY WAY
BASILTON, ESSEX

 Postcode: SS15 6TA Tel No: _____

Rented accommodation: YES NO

Work Description: Routine Service Call Out

Date & Time of issue: 20/10/17 13:30
 Engineer's signature: S Harker

APPLIANCE DETAILS

Make: ROSS
 Type: BIL
 Model: BCI 65-4006
 Location: PLAN. ROOM

COMMENTS

APPLIANCE CHECKS

	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Heat exchanger	✓			
burner / injectors	✓			
Flame picture	✓			
Ignition	✓			
Electrics	✓			
Controls	✓			
Leaks gas / water	✓			
Gas connections	✓			
Seals	✓			
Pipework	✓			
Fans	✓			
Fireplace			✓	
Closure plate & PRS10 tape			✓	
Allowable location	✓			
Stability	✓			
Return air / Plenum			✓	

SAFETY CHECKS

	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Ventilation	✓			
Flue Termination	✓			
Smoke pellet flue flow test	✓			
Smoke match spillage test	✓			
Working pressure	✓			
Safety device	✓			
Other (Regulations etc.)	✓			
Gas Tightness Test Performed?	✓			

PASS OR FAIL? PASS

FINDINGS

- Is the installation and appliance safe to use? YES NO
- If NO has warning notice been raised and warning labels or stickers attached? YES NO
- Has the installation been carried out to the relevant standard/manufacturers instructions? YES NO

Necessary remedial work required: _____
 (see 'findings' overleaf)

Customer's signature: [Signature] Print name: Ross Lennon Date: 21/10/16

Engineer's signature: [Signature] Print name: S HARKER Date: 20/10/17

MAINTENANCE/SERVICE CHECK LIST

Serial No: **65C0177289**

Do not use this form as a Landlord's Gas Safety Record

INSPECTION ADDRESS

Name: **GALEON CENTRE**

Address: **99 TITCHFIELD ST
KILMARNOCK**

Postcode: **KA1 1Q1**

Tel No.:

REGISTERED BUSINESS DETAILS

Reg No: **563726**

Gas Engineer: **S MANUEL**

Gas Safe registered engineer No: **8890610**

Company: **UNIT 1 HORNBY WAY**

Address: **BASILDON**

Postcode: **SS15 6TA** Tel No.:

Rented accommodation: YES NO

Work Description: **Routine Service** Call Out

Date & Time of issue: **27.10.16 06 00**

Engineer's signature: **S Manuel**

APPLIANCE DETAILS

Make: **POWERMATIC**

Type: **B23**

Model: **DHM 3/40**

Location:

COMMENTS

FITTED NEW AIR PRESSURE SWITCH TO AHU No 5.

APPLIANCE CHECKS

	YES	NO	N/A
Heat exchanger	✓		
Burner / injectors	✓		
Flame picture	✓		
Ignition	✓		
Electrics	✓		
Controls	✓		
Leaks gas / water	✓		
Gas connections	✓		
Seals	✓		
Pipework	✓		
Fans	✓		
Fireplace			✓
Closure plate & PRS10 tape			✓
Allowable location	✓		
Stability	✓		
Return air / Plenum			✓

DEFECT FOUND / REMEDIAL ACTION TAKEN

Name	Act'd	Pass To	Date
Gen Man			
Dep Gen Man			
Ops Man			
D Man			
D Man			
D Man			
D Man			
Admin			
Maker			
Bar			
Board			

SAFETY CHECKS

	YES	NO	N/A
Ventilation	✓		
Termination	✓		
Smoke pellet flue flow test			✓
Smoke match spillage test			✓
Working pressure			
Safety device	✓		
Other (Regulations etc.)	✓		
Gas Tightness Test Performed?	✓		

DEFECT FOUND / REMEDIAL ACTION TAKEN

FITTED NEW PRESSURE SWITCH

PASS OR FAIL? **PASS**

FINDINGS

	YES	NO
Is the installation and appliance safe to use?	✓	
If NO has warning notice been raised and warning labels or stickers attached?		✓
Has the installation been carried out to the relevant standard/manufacturers instructions?	✓	

Necessary remedial work required: (see 'findings' overleaf)

Customer's signature: **[Signature]** Print name: **M. PILKINGTON** Date: **27/10/16**

Engineer's signature: **S Manuel** Print name: **S. MANUEL** Date: **27.10.16**