

MAINTENANCE/SERVICE CHECK LIST

Serial No: **65C0177813**

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, HORNSBET WAY
BASILDON, ESSEX**

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

Rented accommodation: YES NO

Work Description: Routine Service Call Out

Date & Time of issue: **20/10/16 13:00**

Engineer's signature: *S Harker*

APPLIANCE DETAILS

Make: **DE-DIETRICH**

Type: **B23**

Model: **412**

Location: **PLANT ROOM**

COMMENTS

SERVICE BOILERS 1-3

APPLIANCE CHECKS

	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Flue gas 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?

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]*

Engineer's signature: *S Harker*

Print name: **Ross Lennox** Date: **21/10/16**

Print name: **S HARKER** Date: **20/10/16**

MAINTENANCE/SERVICE CHECK LIST

Serial No: **65C0177815**

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, HORNSBURY WAY
BASILDON, ESSEX
 Postcode: SS15 6TA Tel No: _____

Date & Time of issue: 19/10/16 12:30
 Engineer's signature: [Signature]

Rented accommodation: YES NO
 Work Description: Routine Service Call Out

APPLIANCE DETAILS

Make POWERMATIC
 Type R23
 Model DHM3/40
 Location OUTSIDE COMPOUND

COMMENTS

APPLIANCE CHECKS

	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Gas at exchanger	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Burner / injectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flame picture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ignition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrics	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Leaks gas / water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pipework	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Closure plate & PRS10 tape	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Allowable location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stability	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Return air / Plenum	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

SAFETY CHECKS

	YES	NO	N/A	DEFECT FOUND / REMEDIAL ACTION TAKEN
Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flue Termination	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke pellet flue flow test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke match spillage test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Working pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety device	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (Regulations etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas Tightness Test Performed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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 Lennex Date: 21/10/16
 Engineer's signature: [Signature] Print name: S HARKER Date: 19/10/16