

Installer Ref No: \_\_\_\_\_

## GAS SAFETY INSPECTION (COMMERCIAL CATERING APPLIANCES) – PART 1

**CORGI**

Operatives will need to be familiar with the requirements of the HSE Catering Information Sheet No.3 and No.23

<b>Registered Business:</b> _____	<b>Registration No:</b> _____
<b>Address:</b> _____	<b>ID card serial No:</b> _____
<b>Postcode:</b> _____	<b>Date:</b> _____
<b>Tel No:</b> _____	<b>Print Name:</b> _____
	<b>Position held:</b> _____

<b>Job address:</b>	<b>Client details if different:</b>
<b>Name:</b> _____	<b>Name:</b> _____
<b>Address:</b> _____	<b>Address:</b> _____
<b>Postcode:</b> _____ <b>Tel No:</b> _____	<b>Postcode:</b> _____ <b>Tel No:</b> _____
<b>Received by (signature):</b> _____	<b>Postcode:</b> _____ <b>Tel No:</b> _____

Gas Installation	Yes/No/NA	Ventilation/exhaust system	Yes/No/NA/NT*
<b>ECV for catering area</b>		Is a canopy system installed?	
Location		If yes – is canopy overhang correct?	
Accessible		type of filtration (e.g. mesh/baffles/UV)	
Suitable valve type		filtration adequately maintained?	
Handle attached		Mechanical exhaust provided?	
Direction of operation shown		If yes, and where appropriate – is flow rate adequate	
Emergency notice present		Mechanical ventilation provided?	
Automatic Isolation fitted		If yes, and where appropriate – is flow rate adequate?	
If yes – do appliances have full flame safeguard? (e.g. flame rectification)		Exhaust/ventilation interlock provided?	
If not, is there a manual reset facility?		If yes - interlock working correctly?	
Is there a warning notice?		Natural ventilation provided (permanent)?	
Is the system fitted with automatic pressure proving?		If yes – is free area adequate	
		provide details - High level _____ cm <sup>2</sup>	
		Low level _____ cm <sup>2</sup>	
<b>Pipework within the catering area</b>		Automatic means of CO detection provided?	
Correctly identified?		Automatic means of CO <sub>2</sub> detection provided?	
Correctly supported?		CO/CO <sub>2</sub> detection interlocked with gas supply?	
Sleeves extend through walls/floors by 25mm?		Max. CO recorded at visit, where appropriate _____ ppm	
Purge points fitted?		Max. CO <sub>2</sub> recorded at visit:	
Test points fitted?		1. External _____ ppm	
		2. Above each appliance (see Part 2 of form)	
		3. Centre of kitchen _____ ppm	
		4. Maximum obtained inside canopy _____ ppm	
<b>Electrical installation</b>	<b>Yes/No/NA</b>	Details of recording instrument(s):	
Main isolator fitted in kitchen?		1. Make/model _____	
Main protective equipotential bond fitted?		calibration date _____	
		2. Make/model _____	
		calibration date _____	

**Risk Analysis – use of mechanical ventilation system see HSE/CIS23 (circle as appropriate, 5 = high risk, 0 = No risk)**

Apparent poor ductwork design	5	4	3	2	1	0
Evidence ventilation system not used	5	4	3	2	1	0
Unsatisfactory cooking fume removal	5	4	3	2	1	0
Signs of poor ventilation	5	4	3	2	1	0
Small room volume	5	4	3	2	1	0
Signs of poor maintenance	5	4	3	2	1	0
Evidence of safe systems of work	5	4	3	2	1	0
Extensive use of appliances	5	4	3	2	1	0
Ageing system	5	4	3	2	1	0
Type 'B' appliance fitted	5	4	3	2	1	0

**Total Score**  
(Advise customer as to what the score means)

See Operative Guidance Notes on the inside front cover of the forms

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

**Gas operative's signature** \_\_\_\_\_

Safety Information	Yes/No
Has a Warning/Advice Notice been Raised	
Have Warning Labels been Attached	
Has Responsible Person been Advised	

If Yes, insert Serial No: \_\_\_\_\_

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Installer Ref No:

## GAS SAFETY INSPECTION (COMMERCIAL CATERING APPLIANCES) – PART 2

Operatives will need to be familiar with the requirements of the HSE Catering Information Sheet No.3 and No.23

Appliance type	Make	Model	Operating pressure (mbar)	Heat input (kW)	Maximum CO reading above appliance (if applicable)	Maximum CO <sub>2</sub> reading above appliance (if applicable)	Manufacturer's information available (Yes/No)	Gas isolation valve fitted (Yes/No)	Gas hose and required restraint fitted correctly (Yes/No/NA)	Electrical isolator fitted and correctly fused (Yes/No/NA)	FSD fitted to all burners (Yes/No/NA)	Pipework gastight (Yes/No)	Safe to use (Yes/No)
1.													
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9.													
10.													
11.													
12.													
13.													
14.													
15.													

**Risk Analysis – use of appliances without FSD, see HSE/CIS3 (circle as appropriate, 5 = high risk, 0 = No risk)**

Signs of poor maintenance	5	4	3	2	1	0
Evidence of safe systems of work	5	4	3	2	1	0
Extensive use of appliances	5	4	3	2	1	0
(Advise customer as to what the score means)						

Has a Warning/Advice Notice been Raised	Yes/No
Have Warning Labels been Attached	
Has Responsible Person been Advised	

**Total score** 44  
See Operative Guidance Notes on the inside front cover of the forms

Details of work carried out	Details of work required

**DECLARATION OF GAS SAFETY**  
I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation and Use) Regulations, standards and procedures.  
Gas operative's signature \_\_\_\_\_



Installer Ref No:  
037360

# GAS TESTING AND PURGING (NON-DOMESTIC)



**Registered Business:** \_\_\_\_\_ **CORGI Registration No:**

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**Address:** \_\_\_\_\_ **CORGI ID card serial No:** \_\_\_\_\_  
\_\_\_\_\_  
**Date of issue:** \_\_\_\_\_  
**Postcode:** \_\_\_\_\_ **Issued by:** \_\_\_\_\_  
**Tel No:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_

**Job address:** \_\_\_\_\_ **Client details if different:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Postcode:** \_\_\_\_\_ **Tel No:** \_\_\_\_\_  
**Received by (signature):** \_\_\_\_\_ **Postcode:** \_\_\_\_\_ **Tel 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/NA)	
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)	
<b>Findings</b>	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

**Purging procedure details**

Has a risk assessment been carried out? Yes/No		
Has a written procedure for the purge been prepared? Yes/No/NA		
Have "NO SMOKING" signs etc been displayed as necessary?		
Have persons in the vicinity of the purge been advised accordingly?		
Have all appropriate valves to and from the section of pipe been labelled?		
Where Nitrogen gas is being used for an indirect purge have the gas cylinders been checked/verified for their correct content?		
Are suitable fire extinguishers available in case of an incident?		
Are two way radios (intrinsically safe) available? Yes/NA		
Are all electrical bonds fitted as necessary?		
Calculate purge volume	Gas meter (m <sup>3</sup> )	
	Installation pipework & fittings (m <sup>3</sup> )	
	Total purge volume (m <sup>3</sup> )	
Is gas detector/oxygen measuring device as appropriate, intrinsically safe?		
<b>Findings</b>		
Carry out purge noting final test criteria readings (O <sub>2</sub> % or tFL%)		
Purge Pass or Fail		

**Tightness test details**

Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)		
Installation – New (N) - New extension (NE) - Existing (E)		
Could weather/changes in temperature affect test? Yes*/No		
Meter type (Diaphragm, Rotary etc.)		
Meter designation (U16, U40, P7 etc.)		
Meter bypass installed (Yes/No)		
Installation volume (IV) Gas meter (m <sup>3</sup> )		
	Installation pipework & fittings (m <sup>3</sup> )	
	Total IV (m <sup>3</sup> )	
Test medium – fuel gas, air		
Tightness test pressure (TTP) mbar/bar		
Pressure gauge type (water, high SG, electronic etc.)		
Maximum permitted leak rate (MPLR) m <sup>3</sup> /hr		
Let-by test period existing installations (minutes)		
Stabilisation period (minutes)		
Tightness test duration (TTD) (minutes)		
Any inadequately ventilated areas to check? Yes/No		
Is barometric pressure correction necessary? Yes/No		
<b>Findings</b>		
Actual pressure drop (if any) mbar		
Actual leak rate m <sup>3</sup> /hr**		
Have inadequately ventilated areas been checked? Yes/NA		
Tightness test Pass or Fail		

**Indicate work undertaken:** Strength test  Tightness test  Purge

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

**Gas operative's signature** \_\_\_\_\_

**Responsible person's signature** \_\_\_\_\_

*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 satisfactorily completed in accordance with the current Gas Safety (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 operative's signature** \_\_\_\_\_

**Responsible person's signature** \_\_\_\_\_