

MAINTENANCE/SERVICE CHECK LIST

Serial No: **65C0177816**

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, MORRIS WAY
 Postcode: SS15 6TA Tel No:

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

Date & Time of issue: 21/10/16 12:00
 Engineer's signature: [Signature]

APPLIANCE DETAILS

Make: SPACE-KAY
 Type: A1
 Model: GRUSS
 Location: OCCUPIED SPACE

COMMENTS

SERVICE RADIANT TUBE HEATERS
1 & 2

APPLIANCE CHECKS

	YES	NO	N/A
Heat 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"/>

DEFECT FOUND / REMEDIAL ACTION TAKEN

SAFETY CHECKS

	YES	NO	N/A
Ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flue Termination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Smoke pellet flue flow test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>

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