simplementary simPRO Partner

SimpleCerts

Customisable certificate name.

Your logo here

Plant Commissioning Record

Industry body logo here

Certificate Number: C15017

To confirm the validity of the gas operative please contact Gas Safe Register on Tel: 0800 408 5500

Reinforce your brand with your logo.

Add logos for industry bodies. With permission of rights holder.

Registered Business:		Registration No:	
Address:	Simplementary	Operative licence No:	654654654
	148 Upper Richmond Rd, Putney, London	Date:	16/09/2022
Postcode:	SW15 2SW	Print Name:	James Haworth
Tel No:	020 8780 3651	Position held:	Director

Job address:		Client details if different:	
Name:	Mrs Demi Onstration	Name:	Tes T Customer
Address:	1 St. Georges House Vernon Gate	Address:	Wareham
	Derby, Derbyshire		Dorset
Postcode: DE1 1UQ Tel No:	07821668450		United Kingdom
Received by (signature):	Mrs Demi Onstration	Postcode: BH20 4DY Tel No:	01254238672

Appliance details	No. 1
Location:	CF - Location
Type:	CF - Appl Type
Model:	CF - M
Serial No:	CF - Seri ber
Burner manufacturer (if different):	CF - Make
Flue type:	CF - Flue Type

Limitless assets. Certificate expands to accommodate multiple assets.

Colours configurable to match your brand.

stion checks		
Appliance No.	**No. 1**	
Firing mode	**Low/High**	
Heat input rating (kW)	TR - 1	TR - 2
Gas burner pressure (mbar)	TR - 3	TR - 4
rate (m3/hr)	TR - 5	TR - 6
as ratio control setting	TR - 7	TR - 8
ient (room) temperature	TR - 9	TR - 10
gas temperature (°C)	TR - 11	TR - 12
e gas temperature net (°C)	TR - 13	TR - 14
Flue draught pressure (mbar)	TR - 15	TR - 16
Oxygen (O2) %	TR - 17	TR - 18
Carbon Monoxide (CO) ppm	TR - 19	TR - 20
Carbon Dioxide (CO2) %	TR - 21	TR - 22
NOx %	TR - 23	TR - 24
Excess air %	TR - 25	TR - 26
CO/CO2 – Ratio	TR - 27	TR - 28
Gross efficiency %	TR - 29	TR - 30
CO flue dilution ppm	TR - 31	TR - 32

General safety checks (Yes/No/NA)	
Gas booster(s)/compressor(s) operating correctly?	Yes
Gas installation tightness test carried out (if Yes, see separate form)?	Yes
Gas installation pipework adequately supported?	N/A
Gas installation pipework sleeved/labelled/painted as necessary?	Yes
Chimney system installed in accordance with appropriate standards?	Yes
Chimney outlet termination(s) satisfactory?	N/A
Fan-flue interlock operating correctly?	Yes

Ventilation type – Natural (go to item 1.) Mechanical (go to item 2.)	
1. Room/boiler room/enclosure low-level free area (cm2)	TRE - 4
high-level free area (cm2)	TRE - 8
Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	No - TRE - 5 - This work is needed
2. Mechanical ventilation flow rate inlet (m3/s)	TRE - 6
extract (m3/s)	TRE - 9
Mechanical ventilation interlock operating correctly?	Yes
Is ventilation satisfactory Yes/No? (if No, see Details of remedial work required)	No - TRE - 7 - This work is needed

Additional checks (Yes/No/NA)	No. 1
Flue flow test satisfactory?	Yes
Spillage test satisfactory?	Yes
Ventilation satisfactory (see also Ventilation type)?	N/A
Air/gas pressure switch operating correctly?	Yes
Flame proving/safety devices operating correctly?	Yes
Burner lock-out time (seconds)	N/A
Temperature and limit thermostats operating correctly?	Yes
Appliance serviced?	Yes

Details of work carried out
TRE - 2

Safety Information (Yes/No)		If Warning/Advice Notice issued, insert Serial No*
Has a Warning/Advice Notice been raised?	Yes	TRE - 1
Have warning labels been attached?	N/A	
Has responsible person been advised?	Yes	

Expanding text fields. Comment/advice type fields can dynamically expand to accommodate the text.

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: James Haworth

Configurable Filenames. Including date, job no and custom text.

Page in landscape or portrait orientation.