

Van 1

Serial No. 104502

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

MOBILE CATERING VEHICLE/TRAILER SAFETY CHECK



NEXT SAFETY CHECK DUE WITHIN 6-12 MONTHS

This safety check is for gas safety purposes only in accordance with The Gas Safety (Installation and Use) Regulations.

Registered Business Details REGISTRATION NO 3 00368 Details of Vehicle Vehicle Trailer (tick appropriate box) Vehicle/Trailer Owner Details
 Gas operative Nick Green (Print name) Reg No of Serial/Chassis No. Van 1 YDA VSN 100 For Repair To Ramside Event Catering
 Operative licence No _____ Address Carville
 Company KBL Technical Ltd Address Durham
 Address 54B Aidan Court Postcode DH1 1TD Tel No. 0191 3865282
 Postcode NE32 3EF Tel No. 0191 4896916 No. of appliances tested 4

Appliance type	Make	Model	Serial No.	Flue type OF/RS/FL	Is appliance secure Yes/No	Is appliance isolation valve fitted Yes/No
1	Tom Balm	Eco Plus F418	1309/13	FL	Yes	Yes
2	Tom Balm	Eco Plus F418	1309/12	FL	Yes	Yes
3					Yes	Yes
4					Yes	Yes

Operating pressure in mbar or heat input kW or Btu/h	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Visual condition of flue satisfactory Yes/No/NA	Flue termination satisfactory Yes/No/NA	Flue flow check Pass/Fail/NA	Spillage check Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
1 37 mbar	Yes	Yes	Yes	Yes	Pass	Pass	Yes	Yes
2 37 mbar	Yes	Yes	Yes	Yes	Pass	Pass	Yes	Yes
3	Yes	Yes	Yes	Yes	Pass	Pass	Yes	Yes
4	Yes	Yes	Yes	Yes	Pass	Pass	Yes	Yes

Cylinder/final connection hoses to installation satisfactory Yes/No Yes
 Gas installation pipework (visual inspection) satisfactory Yes/No Yes
 Gas tightness test satisfactory Yes/No/NA Yes
 ECV accessible and operable Yes/No Yes
 LPG regulator operating pressure (mbar) 37 mbar
 LPG regulator lock-up pressure (mbar) 2/10

REMEDIAL ACTION TAKEN

1 _____
 2 _____
 3 _____
 4 _____

Safety check issued by: Signed Nick Green
 Print name: Nick Green
 Received by: [Signature]
 Date appliance(s)/flue(s) checked: 18 April 2017

Serial No:

850270

COMMERCIAL CATERING GAS SAFETY INSPECTION



PART 1

Van 10.

Details Of Registered Business	Job Address	Client Address
KBL Technical	Name: <i>Coffee Republic</i>	Name:
Gas Safe Reg No: 300368	Address: <i>Riverside events</i>	Address:
Unit 2b, Bede Trade Park,	<i>Durham</i>	
Jarrow, NE32 3HE		
Engineer Name: <i>Umarisa</i>		
Gas Safe ID Card No:		
Tel. No: 0191 4896916	Tel No:	Tel No:

GAS INSTALLATION DETAILS	Yes	No	N/A
ECV for catering area			
Satisfactory location?	<input checked="" type="checkbox"/>		
Accessible?	<input checked="" type="checkbox"/>		
Suitable valve type?	<input checked="" type="checkbox"/>		
Valve handle attached?	<input checked="" type="checkbox"/>		
Direction of operation shown?			
Emergency notice present?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes - do appliances have full flame guard?			
If no - is there a manual reset facility?			
Is there a warning notice?		<input checked="" type="checkbox"/>	
Is the system fitted with automatic pressure proving?		<input checked="" type="checkbox"/>	
Is an automatic isolation system fitted?		<input checked="" type="checkbox"/>	
Pipework Within The Catering Area			
Are correct materials being used?	<input checked="" type="checkbox"/>		
Correctly identified and labelled?	<input checked="" type="checkbox"/>		
Pipework correctly supported?	<input checked="" type="checkbox"/>		
Do sleeves extend through walls/floors?	<input checked="" type="checkbox"/>		
Are purge points fitted?		<input checked="" type="checkbox"/>	
A suitable test points fitted?	<input checked="" type="checkbox"/>		
Main insulator fitted in kitchen?			
Main protective equipotential bond fitted?			

VENTILATION / EXHAUST SYSTEM	Yes	No	N/A
Has a canopy system been installed?		<input checked="" type="checkbox"/>	
If yes - is the canopy hanging correctly?			
Type of filtration (e.g. mesh / baffles / UV)			
Is filtration adequately maintained?			
Is mechanical exhaust provided?			
If yes, what is the flow rate?			
- is the flow rate adequate?			
Is mechanical ventilation provided?			
If yes, what is the flow rate? (litres per second)			
- is the flow rate adequate?			
Is an exhaust/ventilation lock provided?			
If yes, is the interlock working correctly?			
Is satisfactory natural ventilation provided? (permanent)	<input checked="" type="checkbox"/>		
If yes - is free area adequate?			
(Provide details) High Level _____ cm ²			
Low Level _____ cm ²			
Are automatic means of CO detection provided?		<input checked="" type="checkbox"/>	
Max. CO recorded at visit _____ ppm			
Are automatic means of CO ² detection provided?		<input checked="" type="checkbox"/>	
Max. CO ² recorded at visit:			
External _____ ppm			
Center of kitchen <i>1680</i> ppm			
Above each appliance _____ ppm			
Inside canopy _____ ppm			
Details of recording instrument:			
Make/Model: <i>Anton</i>			
Calibration Date:			
Make/Model:			
Calibration Date:			

RISK ANALYSIS (Use of mechanical ventilation system see HSE/C1S23)	5	4	3	2	1	0
Tick as appropriate, (5 = High Risk, 0 = Low Risk)						
Apparent poor ductwork design						<input checked="" type="checkbox"/>
Evidence of ventilation system not used						<input checked="" type="checkbox"/>
Unsatisfactory cooking fumes removal						<input checked="" type="checkbox"/>
Signs of poor ventilation						<input checked="" type="checkbox"/>
Small Room volume						<input checked="" type="checkbox"/>
Evidence of safe systems of work						<input checked="" type="checkbox"/>
Signs of poor maintenance						<input checked="" type="checkbox"/>
Extensive use of appliances						<input checked="" type="checkbox"/>
Ageing system						<input checked="" type="checkbox"/>
Type 'B' appliance fitted						<input checked="" type="checkbox"/>
TOTAL SCORE: <i>3</i>						

SAFETY INFORMATION	Yes	No
Has a Warning/Advice Notice been issued?		
If yes - enter Warning/Advice Serial No:		
Have warning labels been attached?		
Has a responsible person been advised?		

Received By: <i>[Signature]</i>	Issued by: <i>Umarisa</i>
Print Name: <i>AIN McEFFEY</i>	Print Name: <i>Umarisa</i>
Date: <i>12/5/17</i>	Date: <i>28/4/17</i>

COMMERCIAL CATERING GAS SAFETY INSPECTION



Type of appliance	Appliance make	Appliance model	Manufacturers instructions available? Yes/No	Operating pressure (mbar) or heat input (Kw)	FSD fitted to all burners? Yes/No/NA	FSD operating correctly? Yes/No/NA	Electrical isolator fitted and fused correctly? Yes/No/NA	Max CO reading above appliance	Max CO ₂ reading above appliance	Gas isolation valve fitted? Yes/No	Gas hose & restraint fitted correctly? Yes/No/NA	Pipework gas tight? Yes/No	Safe to use? Yes/N
1 Grill	Tramford	24 Grid	Y	37	Y	Y				Y	Y	Y	Y
2 Water boiler	Tramford		Y	37	Y	Y				Y	Y	Y	Y
3 Water heater	Morco	B11BS	Y	37	Y	Y				Y	Y	Y	Y
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													
15													

RISK ANALYSIS (Use of mechanical ventilation system see HSE/C1S23)
Tick as appropriate, (5 = High Risk, 0 = Low Risk)

Extensive use of appliances	5	4	3	2	1	0
Evidence of safe systems of work						
Signs of poor maintenance						
TOTAL SCORE:	1					

DETAILS OF WORK CARRIED OUT

DETAILS OF WORK REQUIRED

sate

Received By: [Signature]
 Print Name: AIN McFAT
 Top Copy Gas User Bottom Copy Engineer

Issued by: [Signature]
 Print Name: J.A. COLLISON

Date: 28/4/17
 To reorder go to www.gas-safedirect.com or call 0800 850 8404