

GAS SAFETY INSPECTION – COMMERCIAL CATERING APPLIANCES 23

NAME: BOURNE FREEMASONS CLUB
ADDRESS: ROMAN BANK, BOURNE, LINCS.

REF NO: SR1/ BM12/1
DATE: 11TH / OCT / 2023



SHAUN REYNOLDS CATERING ENGINEER.
14 HIGH STREET, MORTON, BOURNE, LINCS. PE10 0NR.
EMAIL: SHAUNREYNOLDS@HOTMAIL.CO.UK
TEL: 01778571124 MOB: 07507136077
REG NO. 504524 LICENSE NO. 4861377

APPLIANCE TYPE	MAKE	MODEL	SERIAL NO.	OPERATING PRESSURE	HEAT INPUT	MAX. CO2 PER APPLIANCE	MANUFACTURER INFORMATION YES/NO	GAS ISOLATION VALVE YES/NO	GAS HOSE & REQUIRED RESTRAIN YES/NO	ELECTRICAL ISOLATOR FITTED YES/NO	F.S.D FITTED TO ALL BURNERS YES/NO	PIPEWORK GAS TIGHT YES/NO	SERVICED AT THIS VISIT YES/NO	SAFE TO USE YES/NO
1. COOKER	B SEAL	CR9DF	468816	10M BAR	37.5KW	983	YES	YES	YES	NO	YES	YES	NO	YES
2. COOKER	B SEAL	CR9DF	468815	10 M BAR	37.5KW	831	YES	YES	YES	NO	YES	YES	NO	YES
3.//////////														////////
4.//////////														////////
5.//////////														////////
6.//////////														////////
7.//////////														////////
8.//////////														////////

ECV FOR CATERING AREA	Y/N	SAFETY INFORMATION	Y/N	VENTILATION/EXHAUST SYSTEM / AIR QUALITY TEST												
Suitable Valve Type?	Y	Warning Notice/Advice Raised/?	N	MAX CO2 RECORDED AT VISIT: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">1: FIRST TEST</td> <td style="width: 15%; text-align: center;">683</td> <td style="width: 15%; text-align: center;">PPM</td> </tr> <tr> <td>2: SECOND TEST</td> <td style="text-align: center;">671</td> <td style="text-align: center;">PPM</td> </tr> <tr> <td>3: THIRD TEST</td> <td style="text-align: center;">531</td> <td style="text-align: center;">PPM</td> </tr> <tr> <td>4: AVERAGE OF 3 READINGS</td> <td style="text-align: center;">628</td> <td style="text-align: center;">PPM</td> </tr> </table> <p>An air quality test has been undertaken and the results noted for the gas-powered catering appliances; but the advice of a qualified ventilation engineer is required to ensure that ventilation extraction system is fully compliant with any relevant national regulations currently in force. /o0158</p>	1: FIRST TEST	683	PPM	2: SECOND TEST	671	PPM	3: THIRD TEST	531	PPM	4: AVERAGE OF 3 READINGS	628	PPM
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2: SECOND TEST	671	PPM														
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Handle Attached?	Y	Warning Labels Attached?	N													
Direction of Operation Shown?	Y	Responsible Person(s) Informed?	N													
Emergency Notice Present?	Y	Requires Service?	N													
Automatic Isolation Fitted? *	Y	Correctly Identified?	Y													
*If 'NO', Does Application Have Full Flame Safeguard?	Y	Correctly Supported?	Y													
*If 'NO', Is There A Manual Reset?	Y	Sleeves Extended Walls/Floors 25mm?	Y													
Is there A Warning Notice?	N	Test Point Fitted?	Y													
Is System Fitted With Auto Pressure Proving?	N	Satisfactory Visual Inspection?	Y													
Location Accessible?	Y	Canopy System Installed?	Y													
Gas Operatives Signature:		Overhang Correct?	Y	DETAILS OF WORK CARRIED OUT: DETAILS OF WORK REQUIRED:												
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.		Exhaust/Ventilation I/ Lock?	Y													
		Automatic Means of CO and CO2 Detection Provided?	N													
		CO and CO2 Detection Interlocked To Gas Supply?	N													
		Purge Point?	N													
Signature:- S . Reynolds . ECOMM		Type Filtration?	BAF													