

# CARAVAN/BOAT GAS SAFETY INSPECTION RECORD

Serial No: 47 12345

## REGISTERED BUSINESS DETAILS

Reg No:

Gas Engineer:  Date:  Time:

Gas Safe Registered Engineer No:  Next Service Due:

Company:

Address:

Postcode:  Tel No:

## OWNER OR AGENT FOR CARAVAN/BOAT BEING INSPECTED

Name:

Address:

Postcode:

Tel No:

## INSPECTION LOCATION

Park/Marina:

Location/Plot No:

Manufacturer:  Model:  Date of mnfctr:

## INSPECTION RECORD DETAILS

Date of Inspection:

Record Serial No:

Stock Card No:

## APPLIANCE DETAILS

Appliance Type	Make	Model	Inspected? Yes/No	Serviced? Yes/No	Landlords Appliance? Yes/No	Operating Pressure mBar	Operation of Safety Devices Pass/Fail	Ventilation Pass/Fail	Flue Type	Initial Analyser Reading	Final Analyser Reading	Flue Performance Checks Pass/Fail/NA	Flue Condition Pass/Fail	Appliance Safe to Use Yes/No
Water Heater														
Fire														
Cooker														
Other														

## INSPECTION DETAILS

## INSTALLATION INSPECTION DETAILS

Gas Installation Tightness Test Pass ☐ Fail ☐ Hose(s) Check Pass ☐ Fail ☐ Cylinder Connection Satisfactory Yes ☐ No ☐

Regulator Lock Up Pressure M/Bar  Pass ☐ Fail ☐ Regulator Operating Pressure M/Bar  Pass ☐ Fail ☐

Emergency Control Valve Working and Accessible? Yes ☐ No ☐

## GIVE DETAILS OF ALL FAULTS

## RECTIFICATION WORK DONE

## BY WHOM

OWNER INFORMED Yes/No

WARNING NOTICE ISSUED Yes/No

WARNING TAG OR STICKER FIXED Yes/No

1			
2			
3			
4			
5			

Number of appliances tested:

**NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS**

This record is issued by:

Signed:

Print Name:

Date:

Received on behalf of the Agent/  
Caravan/Boat Owner:

Signed:

Date: