

## CATERING VEHICLE/TRAILER CHECK

									Certificate Reference: 858686							
DETAILS OF THE INSTALLATION ADDRESS									DETAILS OF THE CLIENT ADDRESS							
Installation Address: Portable catering urn Postcode:								Client Address	s: Wł Wo	ents Factor Ltd nite Barn Blue Mill I oodham Walter Mal sex						
VE	VEHICLE DETAILS															
Type: Portable catering urn Reg/Chassis No:								Is a fire extinguisher available							YES	
Is the cylinder housing adequate						N/A	Is LPG safety information displayed							NO		
Is a fire blanket available							YES	Is there a safety ticket displayed							NO	
APPLIANCE DETAILS																
	Appliance Type			Make			Ν	Model		Serial No		Appliance Isolation Secured Fitte			Flue Type	
1	Urn			Burco		Deluxe				60822330	N/A	A N/A			FL	
2																
4																
5																
INSPECTION DETAILS																
				Safety Devices(s) Correct Operation		ion Flue		al Condition of and Termination Satisfactory		Flue Performance Test	Applianc Service					
1	37 mb			Yes Yes		3		N/A		N/A	No	N//	4	Yes		
2			_													
3																
5			-													
				· · · · · · · · · · · · · · · · · · ·						· · · ·						
Emergency Control Valve accessible YES Connection hose to installation adequate YE														YES		
Gas Tightness Test satisfactory YES								Regulator working pressure: 37 mb							mbar	
Visual Inspection satisfactory							YES	Regulator lock up pressure:				41 mb mbar				
DETAILS OF WORK CARRIED OUT																
Next gas inspection due on 30 November 2017																
DETAILS OF REMEDIAL WORK REQUIRED																
DE	TAILS OF	THE CO	NTF	RACTOR												
DETAILS OF THE CONTRACTOR   Trading Title: Gasbay   Unit 3 Sturrick Lane Great Bentley								G	as Safe Number	:	553747					
								GAS TM	G	as ID Number:		3898384	8384			
	Essex						Safe REGISTER	Telephone Numbe			01255 4403		15			
Postcode:							CO7 8PS					01200 440040				
Rep	oort Issued	By: N	ame	: Ross Par	nrucker		Signa	ature:	K	n Rann	m	Date:	30	)/11/2	016	
Rep	oort Receiv	ed By: N	ame	:			Signa	ature:				Date:	30	)/11/2	016	
	THE NEX	T GAS SA	FET	Y CHECK MUST	BE COM	IPLE	ETED W		HE NE	EXT 12 MONTHS	OR PRE	FERABL				

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