

# GAS SAFETY INSPECTION COMMERCIAL CATERING - PART 1

SERIAL N° CP42 5065980



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Where only visual checks are undertaken, recording a 'YES' in 'Appliance Safe' is based only on a visual check for obvious defects with no physical tests completed. Ventilation / Extraction, if checked, were inspected for satisfactory evacuation of products of combustion, a detailed internal inspection of the Ventilation / Extraction system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations.

**JOB ADDRESS** (Rented Accommodation (Yes / No))

Name: The Tes Howe  
 Address: Bishops Park  
Bishops Avenue  
London  
 Postcode: SW6 6EP  
 Tel No: [REDACTED]

**CLIENT DETAILS** (If applicable)

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel No: \_\_\_\_\_

**REGISTERED BUSINESS DETAILS**

Reg No: [REDACTED]  
 Company: [REDACTED]  
 Address: [REDACTED]  
 Postcode: [REDACTED]  
 Tel No: [REDACTED]

**CATERING AREA - INSTALLATION GENERAL: GAS INSTALLATION** (Answer Yes / No / NA)

**Additional / Emergency Control Valve (A/ECV)**

Acceptable location? (i.e. exit of catering area) Yes  
 Accessible? (see Automatic Isolation Valve below) Yes  
 Suitable valve type? Yes  
 Handle attached? Yes  
 Direction of operation marked / shown? Yes  
 Emergency notice present? Yes

**Automatic Isolation Valve (AIV)**

Suitably protected or shielded knock-off button located near the exit of the catering area? Yes  
 Do all downstream appliance burners have full flame safeguard? Yes  
 If No, is there a functioning automatic pressure proving system? N/A  
 If there is a manual reset facility are appropriate warning notices affixed? \_\_\_\_\_

**Gas Interlocks**

Are all primary safety critical systems interlocked to the gas supply? Yes  
 If Yes, is the primary interlock:  
 Pressure / flow type?; or ✓  
 Power monitoring type? ✓  
 Is secondary means of interlocking also provided? \_\_\_\_\_  
 (i.e. CO or CO<sub>2</sub> temperature, humidity monitoring - see Atmosphere Monitoring)  
 Is the means of interlocking satisfactory & functioning correctly? (primary & secondary, where applicable) \_\_\_\_\_  
 For existing installations only - is there means of manually overriding interlocking provisions? \_\_\_\_\_

**Pipework**

Correctly identified? Yes  
 Correctly supported? Yes  
 Sleeves extend through walls / floors by 25 mm? Yes  
 Purge & test points fitted? Yes  
 Additional isolation valves installed, as required? Yes

**CATERING AREA - INSTALLATION GENERAL: SAFETY SYSTEMS** (Answer Yes / No / NA / NT\*)

**Electrical Isolation**

Main isolator installed within the catering area? 3 N/A  
 Main Protective Bonding installed? 3 N/A  
 Appropriate & correct labels / notices displayed? 3 N/A

**Canopy System**

Is a canopy system installed? Yes  
 If yes - are canopy dimensions (overhang) correct? Yes  
 Method of canopy filtration? (e.g. mesh/baffles / UV) 6000/18  
 Is filtration adequately maintained? Yes  
 Canopy interlocked to the gas supply? Yes

**Ventilation System**

Is the ventilation / extraction provided by:  
 Natural means only? \_\_\_\_\_  
 Mechanical means only? \_\_\_\_\_  
 A mixture of the two? ✓

Ventilation rate & / or ventilation free area

Extract \_\_\_\_\_ m<sup>3</sup>/s High level 300 cm<sup>2</sup>  
 Supply/make-up \_\_\_\_\_ m<sup>3</sup>/s Low level \_\_\_\_\_ cm<sup>2</sup>  
 Canopy average face velocity \_\_\_\_\_ m/s

Mechanical ventilation / extraction interlocked & functioning? \_\_\_\_\_

**Atmosphere Monitoring**

Fixed means of CO detection & alarm provided? \_\_\_\_\_  
 Fixed means of CO<sub>2</sub> detection & alarm provided? \_\_\_\_\_  
 CO or CO<sub>2</sub> detection interlocked with gas supply? \_\_\_\_\_

**Air Quality Testing (ppm)**

Max. CO<sub>2</sub> recorded at test locations (full load)

1. Test location 1 (specify)	850
2. Test location 2 (specify)	790
3. Test location 3 (specify)	520
4. Test average	620

**Details of Sampling Instrument(s):**

1. Make / model	Anton Vent
Calibration date	01-12-21
2. Make / model	
Calibration date	

\* NT Not Tested on visit  
 If more than one canopy system is installed then multiple forms may be needed

**COMMENTS / REMEDIAL WORK REQUIRED - INSTALLATION GENERAL**

INSTALLATION WARNING NOTICE SERIAL N° [REDACTED]

Top Copy - Gas User / Responsible Person Bottom Copy - Registered Business

To re-order quote Ref. CP42

# GAS SAFETY INSPECTION COMMERCIAL CATERING - PART 2

SERIAL N° CP42 5065980



**APPLIANCE DETAILS**

Appliance type	Make	Model	Manufacturers Information Available (Yes/No)	Gas Isolation Valve Fitted (Yes/No)	Gas Hoses Restraints Fitted Correctly (Yes/No/NA)	Electrical Isolator Fitted & Correctly Fused (Yes/No/NA)	Operating Pressure (mbar) &/or Heat Input (kW)	Operating Pressure &/or Heat Satisfactory (Yes/No)	FSD's Fitted to All Burners (Yes/No)	FSD's Operating Correctly (Yes/No)	Ignition Operating Correctly (Yes/No)	Thermostats Operating Correctly (Yes/No/NA)	No. of Appliances Listed Below:		
													Combustion Satisfactory (Yes/No)	Pipework Gas Tight (Yes/No)	Safe to Use (Yes/No)
1. Range	Blue Seal	G5040-MT	Yes	Yes	Yes	N/A	34.6kW	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2. Chargin	Blue Seal	G5F3	Yes	Yes	Yes	N/A	14.4kW	Yes	Yes	Yes	Yes	N/A	Yes	Yes	Yes
3.															
4.															
5.															
6.															
7.															
8.															
9.															
10.															

**DETAILS OF WORK CARRIED OUT** (e.g. service, etc.)

**SAFETY INFORMATION** (Yes/No)

Have Warning Labels been attached? \_\_\_\_\_  
 Has a Warning Notice been raised? \_\_\_\_\_  
 Has the Responsible Person been advised? \_\_\_\_\_

**COMMENTS / REMEDIAL WORK REQUIRED - APPLIANCES**

Issued by: [REDACTED] Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_ Issue Date: 07-12-21  
 Licence No: \_\_\_\_\_  
 Received by: [REDACTED] Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Responsible Person / Tenant / Landlord / Other \_\_\_\_\_ present at the time of visit

**GUIDANCE TO RECIPIENT**

This Gas Safety Inspection (Commercial Catering Appliances) form has been designed to allow a competent gas operative to document their findings when attending a catering installation. The competent operative should complete each point on the form as fully as possible, with any defects being identified and highlighted to you as the 'responsible person' for the installation. Any installation/appliance defects should be brought to your attention and documented on appropriate paperwork in accordance with the current Gas Industry Unsafe Situations Procedure (GIUSP). Where manual override of the gas interlocks have been identified, a separate risk assessment will be carried out to ensure the safety of the installation. In all cases this override should not be used and removed as soon as possible. The competent operative will use their judgement, in accordance with agreed industry best practice (GIUSP) to determine the best course of action ensuring your and others continued safety. Should any identified defect cause a safety concern, the operative will use their judgement, in accordance with the current GIUSP, they will ask permission from the responsible person for the installation to make safe. This may involve turning off affected gas appliances/equipment from the installation to be either IMMEDIATELY DANGEROUS or AT RISK in accordance with the current GIUSP.

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# Inspection onsite report form



<b>Name &amp; address</b>	The Tea House v Bishop's Park
Bishop's Park, Bishop Avenue	SW66 6EA
<b>Date</b>	08/12/21

<b>L/R</b>	<b>Priority actions / improvements necessary</b> L = Legal compliance, R = Recommendation
R	Kitchen windows are not screened and opened in the summer. If so cleanable pest screens required.
L	Electric fly killer lots of dead flies. Also located next to pasta and above food equipment. Relocate.
L	Large gap under front door - on Crystallid report. Also on this report mesh over air vents required.
	<u>Confidence in Management</u> - 0
	no issue - very good systems.
	<u>Health &amp; Safety</u>
L	loose wire left of the wall in chiller.
L	Also Coronavirus Risk Assessment not available. Some communication from January 21 shown to me. Review the RA in light of recent change.

<b>Name:</b> Karen Paterson	<b>Signature:</b>
<b>Designation:</b> Environmental Health Officer	<b>Email:</b> karen.paterson@lbhf.gov.uk