

|                                                                                                                                                                                                                                               |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------|-----------------------------------------------------|-------------------------------------------------|--------------------------------------|------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--------------------------------------|---------------------------------------------|--|-------------------------------------------------------|---------------------------------------------|------------------------------|------------|--------------------|--|--------------------------|--|------------------------|--|------------------|--|------------------|--|---------------------|--|--------------------|--|----------------------|--|
|                                                                                                                                                                |                                                    |     |                                              | Plant Commissioning/Servicing Record (Non-Domestic) |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       | Cert No.<br>No. 0001<br>No. Appliances<br>2 |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Registered Business/engineer details can be checked at <a href="http://www.gassaferegister.co.uk">www.gassaferegister.co.uk</a> or by calling 0800 408 5500                                                                                   |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Company / Installer                                                                                                                                                                                                                           |                                                    |                                                                                     |                                              |                                                     | Inspection/Installation Address                 |                                      |                                                                  |  |                                                                                       | Landlord (or agent) Name & Address   |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Engineer Gary Burnell                                                                                                                                                                                                                         |                                                    |                                                                                     |                                              |                                                     | Name Nutfield Church Primary School             |                                      |                                                                  |  |                                                                                       | Name Nutfield Church Primary School  |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Company True Heating Solutions                                                                                                                                                                                                                |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       | Company Name                         |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Address 82 Burwash Road Crawley West Sussex RH10 6LF                                                                                                                                                                                          |                                                    |                                                                                     |                                              |                                                     | Address 59 Mid Street                           |                                      |                                                                  |  |                                                                                       | Address 59 Mid Street                |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Tel No. 07834151341                                                                                                                                                                                                                           |                                                    |                                                                                     |                                              |                                                     | South Nutfield Surrey                           |                                      |                                                                  |  |                                                                                       | South Nutfield                       |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Gas Safe Reg. 637840                                                                                                                                                                                                                          |                                                    |                                                                                     |                                              |                                                     | Postcode RH1 4JJ                                |                                      |                                                                  |  |                                                                                       | Postcode RH1 4JJ                     |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| ID Card No. 539093                                                                                                                                                                                                                            |                                                    |                                                                                     |                                              |                                                     | Mobile                                          |                                      |                                                                  |  |                                                                                       | Email bursar@nutfield.surrey.sch.uk  |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Email trueheatingsolutions@hotmail.com                                                                                                                                                                                                        |                                                    |                                                                                     |                                              |                                                     | Email bursar@nutfield.surrey.sch.uk             |                                      |                                                                  |  |                                                                                       | Phone                                |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
|                                                                                                                                                                                                                                               |                                                    |                                                                                     |                                              |                                                     | Unique Property Reference Number                |                                      |                                                                  |  |                                                                                       | Unique Property Reference Number     |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Appliance Details                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| #                                                                                                                                                                                                                                             | Location                                           |                                                                                     | Appliance Type                               |                                                     | Appliance Make                                  |                                      | Appliance Model                                                  |  | Appliance Serial No.                                                                  |                                      | Burner Manufacturer Model/Serial            |  |                                                       |                                             | Flue type                    |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 1                                                                                                                                                                                                                                             | Main Boiler Room                                   |                                                                                     | Water Heater                                 |                                                     | Strebel                                         |                                      | SP 400                                                           |  | K32931                                                                                |                                      | N/A                                         |  |                                                       |                                             | R/S                          |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 2                                                                                                                                                                                                                                             | Main Boilrr Room                                   |                                                                                     | Heating                                      |                                                     | Hamworthy                                       |                                      | B-roads tone HE Automatic Boiler                                 |  | 98-P5600910                                                                           |                                      | Reillo RS 28/1 202107000013                 |  |                                                       |                                             | OF                           |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 3                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 4                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 5                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Combustion Checks                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| App. No.                                                                                                                                                                                                                                      | Heat input rating (kW)                             |                                                                                     | Gas burner pressure (mbar)                   |                                                     | Gas rate (m³ /hr)                               |                                      | Air/gas ratio control setting                                    |  | Ambient (room) temp (°C)                                                              |                                      | Flue Gas temp (°C)                          |  | Flue Gas temp net (°C)                                |                                             | Flue draught pressure (mbar) |            | Oxygen (O₂) %      |  | Carbon monoxide (CO) ppm |  | Carbon dioxide (CO₂) % |  | NO x%            |  | Excess air %     |  | CO/CO₂- Ratio       |  | Gross efficiency % |  | CO flue dilution ppm |  |
| 1                                                                                                                                                                                                                                             | L: N/A<br>H: 29.0                                  |                                                                                     | L: N/A<br>H: N/A                             |                                                     | L: N/A<br>H: 3.00                               |                                      | L: N/A<br>H: N/A                                                 |  | L: N/A<br>H: 20.9                                                                     |                                      | L: N/A<br>H: 74.6                           |  | L: N/A<br>H: N/A                                      |                                             | L: N/A<br>H: N/A             |            | L: N/A<br>H: 7.7   |  | L: N/A<br>H: 4           |  | L: N/A<br>H: 7.53      |  | L: N/A<br>H: N/A |  | L: N/A<br>H: N/A |  | L: N/A<br>H: 0.0001 |  | L: N/A<br>H: 87.0  |  | L: N/A<br>H: N/A     |  |
| 2                                                                                                                                                                                                                                             | L: N/A<br>H: 189                                   |                                                                                     | L: N/A<br>H: N/A                             |                                                     | L: N/A<br>H: 19.38                              |                                      | L: N/A<br>H: N/A                                                 |  | L: N/A<br>H: 20.3                                                                     |                                      | L: N/A<br>H: 121.0                          |  | L: N/A<br>H: N/A                                      |                                             | L: N/A<br>H: 11.20           |            | L: N/A<br>H: 4.2   |  | L: N/A<br>H: 3           |  | L: N/A<br>H: 9.53      |  | L: N/A<br>H: N/A |  | L: N/A<br>H: N/A |  | L: N/A<br>H: 0.0000 |  | L: N/A<br>H: 85.4  |  | L: N/A<br>H: N/A     |  |
| 3                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 4                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 5                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Additional Checks                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Appliance No.                                                                                                                                                                                                                                 | Flue flow test satisfactory                        |                                                                                     | Spillage test satisfactory                   |                                                     | Ventilation satisfactory                        |                                      | Air/gas pressure switch operating correctly                      |  | Flame providing/safety devices operating correctly                                    |                                      | Burner lock-out time (seconds)              |  | Temperature and limit thermostats operating correctly |                                             |                              |            | Appliance serviced |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 1                                                                                                                                                                                                                                             | N/A                                                |                                                                                     | N/A                                          |                                                     | Yes                                             |                                      | Yes                                                              |  | Yes                                                                                   |                                      | 60                                          |  | Yes                                                   |                                             |                              |            | Yes                |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 2                                                                                                                                                                                                                                             | Yes                                                |                                                                                     | N/A                                          |                                                     | Yes                                             |                                      | Yes                                                              |  | Yes                                                                                   |                                      | 20                                          |  | Yes                                                   |                                             |                              |            | Yes                |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 3                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 4                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 5                                                                                                                                                                                                                                             |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Appliance No.                                                                                                                                                                                                                                 | Gas booster(s)/compressors(s) operating correctly? |                                                                                     | Gas installation tightness test carried out? |                                                     | Gas installation pipework adequately supported? |                                      | Gas installation pipework sleeved/labelled/painted as necessary? |  | Chimney system installed in accordance with appropriate standards?                    |                                      | Chimney outlet termination(s) satisfactory? |  | Fan-flue interlock operating correctly??              |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 1                                                                                                                                                                                                                                             | N/A                                                |                                                                                     | No                                           |                                                     | Yes                                             |                                      | Yes                                                              |  | Yes                                                                                   |                                      | Yes                                         |  | N/A                                                   |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| 2                                                                                                                                                                                                                                             | N/A                                                |                                                                                     | No                                           |                                                     | Yes                                             |                                      | Yes                                                              |  | Yes                                                                                   |                                      | Yes                                         |  | N/A                                                   |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Room/boiler room/enclosure                                                                                                                                                                                                                    |                                                    |                                                                                     | Is ventilation satisfactory?                 |                                                     |                                                 | Mechanical ventilation flow rate     |                                                                  |  | Mechanical ventilation interlock operating correctly?                                 |                                      |                                             |  | Is ventilation satisfactory                           |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Natural Draft<br>Low Level Free Area: 3,137 (cm²)<br>High-level Free Area: 3,137 (cm²)                                                                                                                                                        |                                                    |                                                                                     | Yes                                          |                                                     |                                                 | Inlet: N:A m³/s<br>Extract: N:A m³/s |                                                                  |  | No                                                                                    |                                      |                                             |  | No                                                    |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Details of work carried out / Remedial Work                                                                                                                                                                                                   |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Major Service / flue on water heater very rusty recommend replacement.                                                                                                                                                                        |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Has a warning/advice notice been raised?                                                                                                                                                                                                      |                                                    |                                                                                     |                                              |                                                     | Has a warning label(s) been attached?           |                                      |                                                                  |  |                                                                                       | Has responsible person been advised? |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| No                                                                                                                                                                                                                                            |                                                    |                                                                                     |                                              |                                                     | N/A                                             |                                      |                                                                  |  |                                                                                       | N/A                                  |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Signatures                                                                                                                                                                                                                                    |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Signed                                                                                                                                                                                                                                        |                                                    |  |                                              |                                                     |                                                 |                                      | Received By                                                      |  |  |                                      |                                             |  |                                                       | Date                                        |                              | 31/07/2023 |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Print Name                                                                                                                                                                                                                                    |                                                    | Gary Burnell                                                                        |                                              |                                                     |                                                 |                                      | Print Name                                                       |  | Fred Kolndreu                                                                         |                                      |                                             |  |                                                       | Next Inspection Date                        |                              | 31/07/2024 |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |
| Declaration of Gas Safety- I can 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, industry standards and procedures. |                                                    |                                                                                     |                                              |                                                     |                                                 |                                      |                                                                  |  |                                                                                       |                                      |                                             |  |                                                       |                                             |                              |            |                    |  |                          |  |                        |  |                  |  |                  |  |                     |  |                    |  |                      |  |