

Serial No:

# COMMERCIAL CATERING INSPECTION RECORD PART A

Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.

Details of Registered Business	Details of Site	Details of Landlord (or agent where appropriate)
Gas Safe Register No	Name (Mr/Mrs/Miss/Ms)	Name (Mr/Mrs/Miss/Ms)
Registered Engineer's Name	Address	Address
Gas Safe Register License Number	Postcode	Postcode
Business	Contact No	Contact No
Address	Email Address	
Postcode	Web Address	
Contact No		
Email Address		
Web Address		
Gas Installation Details		
Emergency Isolation for Catering area provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - location satisfactory?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes - is it accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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If yes - is valve of suitable type?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes - is valve handle secured in place?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Is a Gas Emergency Notice present?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is gas isolation provided via an auto electric system?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes - is the system fitted with automatic pressure proving?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If yes - do all appliance burners have flame safeguards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Alternatively, is the system manually reset?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
If yes - is there attached a notice regarding resetting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is there any evidence of corrosion of gas pipework?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes - Detail Any Action Required Value		
Has the gas installation been tightness tested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes - is the gas installation tightness satisfactory?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Detail remedial work required to resolve any shortcomings on Part B		
<b>Pipework within the catering area</b>		
Are the correct materials in use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Is the pipework correctly identified / labelled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is pipework correctly supported throughout?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are pipe sleeves extended through walls/foors etc?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Suitable purge points fitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Suitable test points fitted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Electrical protective bonding fitted where required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Detail remedial work required to resolve any shortcomings on Part B			
<b>Safety Information</b>			
Has a Warning Notice been issued	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Classification
Have Warning Labels been affixed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> IR <input type="checkbox"/> AR <input type="checkbox"/> N/A
Has a responsible person been advised?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Serial No:
<b>Risk analysis of kitchen ventilation/extraction system</b>			
Has risk assessment in accordance with IGEM/UP/19 been applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If applicable what is the outcome of the Risk Assessment?	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Not Satisfactory	

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Ventilation/extract and air quality systems	
Is a canopy system installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes — is the canopy overhang correct?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Record type of filtration (e.g. mesh/baffles/UV)	
Filtration adequately maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical extract provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - What is the flow rate in litres/sec?	
If yes - is flow rate adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is mechanical extract interlocked with gas supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is interlock fitted with manual override?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - override disabled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, written report provided advising against use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Mechanical ventilation fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes - what is the flow rate in litres/sec?	
If yes - is flow rate adequate?	<input type="checkbox"/> Yes <input type="checkbox"/> No



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Details of CO<sub>2</sub> recording instrument:

Make/Model

Detail remedial work required to resolve any shortcomings on Part B

Calibration Date

## Declaration Of Gas Safety

Date

Gas Safe Registered Engineer's Signature

## Other Comments

## Overall Risk Analysis of kitchen ventilation and where provided, flue/chimney, or extract systems

Has risk assessment in accordance with GEM/UP/19 been applied

Yes

No

N/A

## Sign Off

This Inspection Record confirm the adequacy or otherwise of the commercial catering gas installation at the establishment detail at the address on Part A of this record.

Gas Safe Registered Engineer's Signature

Date