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| **Allocated/Responsible Manager Name and Signature:** |  |  |

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| **Contract name:** |  | **Contract number:** |  |

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| --- | --- | --- | --- |
| **Start Version Date:** |  | **Duration:** |  |

*When undertaking planned or responsive property work such as; roofing, plumbing, building, refurbishment etc.* ***ALL*** *trade persons have legal responsibilities and obligations to be observant and ensure their work does not affect the safety of gas, oil and solid fuel appliances/installations. This starts with the ‘Responsible Person’ for the project who should complete this form and retain a copy.*

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| **Scope of Works:** |
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| **Requirement** | **Record**  **Yes/No** | **Guidance** |
| **Property Register Available?** |  | For multiple property projects a list of properties identifying **all** gas/oil/solid fuel appliances and gas/oil pipework should be collated |
| **Is the work likely to affect the safety of existing gas, oil or solid fuel appliance(s), pipework or tank/meter installation?** |  | If answering **YES** a Pre-Works Technical Survey must be carried out by a Gas Safe, HETAS or OFTEC registered engineer. |
| **Is the work likely to affect the safety of an existing Chimney/Flue, Horizontal or Vertical Flue Termination/outlet or Ventilation system?** |  | If answering **YES** a Pre-Works Technical Survey must be carried out by a Gas Safe, HETAS or OFTEC registered engineer. |
| **Asbestos Register Available?** |  | Any intrusive works on properties built prior to 2000 shall have an Asbestos Survey and Asbestos information shall be shared with employees including sub-contractors. |
| **Do you require a Permit to Work process?**  **Indicate YES or NO?** |  | In certain work activities, a Permit to Work may be required to suitably control any risks. |

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| **Has a Pre-Works Technical Survey by a competent registered engineer been arranged?** | **Record**  **YES or NO** |
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| **Record the trading title and where applicable registration number e.g. Gas Safe registration of the business employed to undertake the Technical Survey** | | | |
| **Business Name:** |  | **Registration Number:** |  |

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| **Record further Significant Actions or Control Measures below.**  ***Note:*** *The below examples are not an exhaustive list* |
| *e.g. Scaffolding Erection = Correct distances from termination; Boarding = Measures taken to prevent damage to flue/chimney terminals etc; Wrapping = Measures taken to prevent flue outlets terminating into an enclosed area preventing any risks associated with the Products of Combustion.* |