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| **This form must be completed by a suitably competent registered GAS SAFE, HETAS or OFTEC Engineer dependent upon the fuel type of the appliances/installation affected.** |
| **Contract No:** |  | **Property Address Below**: |
| **Contract** **Name:** |  |  |
| **Date:** |  |
| **Engineer** **Name:** |  |
| **Licence No:** |  |
| **Registration No:** |  |
| **Engineer Signature:** |  |
| **Business Name:** |  |
|  |
| SURVEY TO INCLUDE **ALL** FUELLED APPLIANCES WITHIN THE PROPERTY |
| **Gas, Oil and Solid Fuel Appliances that could be disturbed or damaged by the work shall be disconnected & labelled ‘Danger Do Not Use’.**  |
| **Flues, Chimneys and Ventilation systems are critical to the safety of Gas, Oil and Solid Fuel Appliances; if these are likely to be disturbed or damaged the appliance utilising these systems shall be disconnected & labelled ‘Danger Do Not Use.’** |
| **If Gas Pipework could be affected or disturbed during the work the supply shall be disconnected at the Gas Meter and the installation labelled ‘Danger Do Not Use.’**  |
| **Any additional control measures for maintaining safety will be identified on this form.** |
|  | **Appliance 1** | **Appliance 2** | **Appliance 3** | **Appliance 4** |
| Appliance type: |  |  |  |  |
| Make / Model: |  |  |  |  |
| K/W Rating: |  |  |  |  |
| Ventilation satisfactory?**Indicate YES or NO:** |  |  |  |  |
| Indicate Fuel Type (Gas/LPG) (Oil) (Solid Fuel): |  |  |  |  |
| Appliance Serial number: |  |  |  |  |
| Flue type – (OF/RS/FL) |  |  |  |  |
| Is proposed work within 1 meter of the appliance?**Indicate YES or NO**  |  |  |  |  |
| Could the safety of the appliance be compromised by work?**Indicate YES or NO** |  |  |  |  |
| Is the appliance disconnected & labelled ‘Danger Do Not Use’?**Indicate YES or NO** |  |  |  |  |
| Is the appliance left operational and safe to use during the property work program? **Indicate YES or NO** |  |  |  |  |
| VENTILATION & CHIMNEY/FLUE RISKS |
| Is the ventilation likely to be disturbed or altered during the work?**Indicate Yes or No** |  |
| Is the flue terminal likely to be damaged, disturbed or obstructed during the work?**Indicate Yes or No**  |  |
| Are the products of combustion likely to be affected or become a hazard during the work?**Indicate Yes or No** |  |
| Is the Flue/Chimney System likely to be disturbed or damaged during the work? **Indicate Yes or No** |  |
| **If you have answered Yes to the above questions the affected appliance / installation shall be disconnected and labelled ‘Danger Do Not Use’.** |
| If proposed work is within 1 meter of the flue/chimney/flue terminal has a Risk Assessment been completed and SSoW produced?**Indicate Yes or No** |  |
| Have the associated appliances utilising the affected flue/chimney system been disconnected? **Indicate Yes or No** |  |
| INSTALLATIONS LEFT OPERATIONAL |
| ***If existing Flues/Chimneys/Appliances are left operational it is best practice to label these to ensure other trades are aware and to prevent damage or disturbance during the property work.*** |
| Where applicable have any Flues/Chimneys/Appliances left operational been identified and labelled? **Indicate Yes or NO**  |  |
| GAS/OIL PIPEWORK AND METER/TANK INSTALLATION RISKS |
| Is the gas/oil pipework or Gas Meter, Oil Storage Tank installation likely to be damaged or disturbed during the work?**Indicate YES or NO**  |  | Confirm the gas/oil Supply is disconnected at the Meter/Tank & a ‘Danger Do Not Use’ label is attached?**Indicate YES or NO** |  |
| **Include any additional control measures to be implemented during the project below:*****E.g. Repositioning an appliance/pipework etc.*** |
|  |
| **Warning Notice Issued?****Indicate YES or NO** |  | **Warning Notice Serial Number:** |  |
| **Where installations have been disconnected these must be recommissioned by a competent engineer such as a Gas Safe registered engineer at the completion of the property work. In all cases the competent registered engineer shall undertake a tightness/soundness test and issue a Safety Inspection Certificate for all affected Meter/Tanks, Pipework, Appliances, Chimney/Flues & Ventilation.** |
| **Further Controls** |
| Does the project require a Permit to Work?**(Circle as appropriate)** | **YES** | **NO** |
| **List any additional control measures to be taken 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.* |