

CATERING VEHICLE/TRAILER CHECK

						C	Certificate Reference: 366245								
DETAILS OF THE INSTALLATION ADDRESS								DETAILS OF THE CLIENT ADDRESS							
Installation Address: Postcode:							Client Addres	Address: White Barn Blue Mill Lane Woodham Walter Maldon		Postcode			c		
								E	SSEX		Posicoue	μ. (:M9 6L	-9	
VEHICLE DETAILS Type: Portable catering griddle Reg/Chassis No: Is a fire extinguisher available YES															
Type: Portable catering griddle Reg/Chassis No:								Is a fire extinguisher available							
Is the cylinder housing adequate							Is LPG safety information displayed							NO	
Is a fire blanket available							Is there a safety ticket displayed							NO	
APPLIANCE DETAILS															
	Appliance Type			Make			Model		Serial No	Applia Secur				Flue Type	
1	Griddle			Tasty Trotter		4 burner				N/A	/A N/A		1	FL	
2															
3															
4 5															
INSPECTION DETAILS															
	Operating Pressure in mbar or heat input in kW		ure	Safety Devices(s) Correct Operation Satisfa		n Flue	sual Condi and Term Satisfacto	nination	Flue Performance Test	Applian Service		age Applian eck Safe To l			
1	37 mb			Yes Ye			N/A	.,	N/A	No	N	/A	A Yes		
2															
3															
4															
5															
Eme	ergency (Control V	alve acc	essible		YES	Connec	tion h	ose to installation	adequa	te			YES	
Gas Tightness Test satisfactory YES								Regulator working pressure: 37 mb i							
Visual Inspection satisfactory Y							Regulator lock up pressure: 41						41 mb	o mbar	
DETAILS OF WORK CARRIED OUT															
Next gas inspection due on 4th September 2020															
DETAILS OF REMEDIAL WORK REQUIRED															
DETAILS OF THE CONTRACTOR															
Trading Title: Gasbay								Gas Safe Number: 553747							
The Rock, Station Road Thorpe Le Soken							GAS _ 74		Gas ID Number:		4611604				
Essex						REGISTER									
					Postcode:	CO16	6 OHQ		Telephone Number:			01255 440345			
						_									
Rep	oort Issue	d By:	Name	: Ross Par	nrucker	Sigr	nature:	X	n Rann	h	Date:	0	4/09/2	019	
Rep	oort Rece	ived By:	Name	:		Sigr	nature:				Date:				
	THE NE	XT GAS	SAFET	Y CHECK MUST				HE N	EXT 12 MONTHS		EFERAB	LYS	OONE	R.	

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