

# GAS APPLIANCE SERVICE REPORT

No: **000000**

Your gas service person will be easily identified by their VBA identification card, on the back of this card they must have the "Specialised class" of Gas Servicing-Type A, ticked. It is important that only a qualified person carries out the servicing of your gas appliances. Your service person will be checking that the appliance is working efficiently and safely and recording their inspection on the service report below. A copy of this completed list will be signed off by the service person for your records.

<b>PROPERTY ADDRESS:</b>			
<b>PROPERTY OWNER:</b>			
<b>APPLIANCE DETAILS</b>	TYPE:	MAKE:	MODEL:
<b>FLUE TYPE:</b>	OPEN FLUED <input type="checkbox"/>	ROOM SEALED <input type="checkbox"/>	N/A <input type="checkbox"/>
External Flue checked for condition	YES <input type="checkbox"/>	N/A <input type="checkbox"/>	Visual inspection of the appliance and surrounds <input type="checkbox"/>
Electrical safety check completed	<input type="checkbox"/>	Appliance certification checked	<input type="checkbox"/>
Appliance cleaned. Includes, but not limited to:			<input type="checkbox"/>
<ul style="list-style-type: none"><li>• Removal of dust or debris around the appliance that may be ignited by hot surfaces, flame rollout and electrical contacts</li><li>• Ensuring adequate supply of air for combustion by clearing any dust or debris from air intakes</li><li>• Clearing of dust or and debris from any fans incorporated in the appliance</li><li>• Clearing of any dust from the combustion system, i.e. primary aeration, venturi, burner, combustion chamber, galleries &amp; flueway</li><li>• Remove any carbon deposits (soot) or corrosion from flame rods, thermocouples and ignition electrodes</li></ul>			
Check condition of any components, replace as necessary			<input type="checkbox"/>
PARTS:	..... ..... ..... .....		

<b>SMOKE TEST</b>	
Conduct a negative pressure (smoke) test (as applicable)	<input type="checkbox"/>
Was a negative pressure identified at the appliance?	YES / NO
Verify correct and safe operation of the appliance	
a) Ensure nominal test point pressure, (if this cannot be achieved check the supply pressure)	<input type="checkbox"/>
b) Observe satisfactory ignition	<input type="checkbox"/>
c) Observe burner for signs of flame abnormality	<input type="checkbox"/>
d) Inspect the heat exchanger, and where applicable test the integrity thereof	<input type="checkbox"/>
e) Check all functions of the appliance, including the operation of safety devices	<input type="checkbox"/>
For (open) flued appliances, conduct a test for the spillage/leakage of combustion gases	<input type="checkbox"/>

<b>COMBUSTION PRODUCT SPILLAGE</b>		CO (ppm) or CO2 (%)
Background check (appliance off)		
Background check after 5 minutes of appliance operation on high (appliances other than type 1 decorative log fires) Note: Allow an additional 5 minutes of operation if there is no chimney liner		
Background check after 10 minutes of appliance operation on high (type 1 decorative log fire in chimney)		
Final reading at the appliance on high		

Statement of completion:

SERVICE COMPLETED ON	BY	LICENCE NUMBER