



## Gas Check Sheet for Touring Caravans and Motor Caravans

REPORT:GCS /

Gas Engineer:		Date:		Owner Name:																			
ID Card License No:		Next service due:		Address:																			
Company:																							
Address:																							
Post Code:		Tel No:		Post Code:																			
Vehicle Details:		Manufacturer		Model		Serial No		Year of Mfr															
Appliance Type		Make		Model		Operating Pressure mbar		Operation of Safety Device		Ventilation		Flue Type		Flue Spillage Test		Flue Termination		Extended Flue Fitted		Flue Condition		Appliance Safe to Use	
Water Heater						Pass/Fail		Pass/Fail		Pass/Fail		Pass/Fail		Yes / No		Yes/No/NA		Pass/Fail		Yes / No			
Space heater						Pass/Fail		Pass/Fail		Pass/Fail		Pass/Fail		Yes / No		Yes/No/NA		Pass/Fail		Yes / No			
Oven						Pass/Fail		Pass/Fail		Pass/Fail/NA		Pass/Fail/NA		Yes / No		Yes/No/NA		Pass/Fail		Yes / No			
Grill						Pass/Fail		Pass/Fail		Pass/Fail/NA		Pass/Fail/NA		Yes / No		Yes/No/NA		Pass/Fail		Yes / No			
Hotplate						Pass/Fail		Pass/Fail		NA		NA								Yes / No			
Fridge						Pass/Fail		Pass/Fail		Pass/Fail		Pass/Fail		Yes / No		Yes/No/NA		Pass/Fail		Yes / No			
<b>Installation Inspection Details</b>																							
Gas Installation Soundness Check				Pass/Fail		Auxiliary gas off takes check (e.g. Barbeque points)														Pass/Fail			
Hose(s) check (including date of hose)				Pass/Fail		Regulator Operating Pressure (also checked for the correct badged pressure range)														Pass/Fail			
Pipework visual inspection				Pass/Fail		Regulator Lock Up Pressure								M/Bar								Pass/Fail	
Regulator installed above cylinders				Pass/Fail		Regulator hose rises above cylinder(s) without U bends														Pass/Fail			
Date on Regulator						If the regulator is over 10 years old it is recommended to replace it.																	
Give Details Of All Faults, including corrosion and damage						Rectification Work Done						By Whom		Owner Informed		Warning Issued		Warning Tag or Sticker Fixed					
1.														Yes / No		Yes / No		Yes / No					
2.														Yes / No		Yes / No		Yes / No					
3.														Yes / No		Yes / No		Yes / No					
4.														Yes / No		Yes / No		Yes / No					
5.														Yes / No		Yes / No		Yes / No					
Number of Appliances Tested						<b>Next Gas Safety Check Must Be Carried Out Within 12 Months</b>																	
This Record Issued By (Signed)						Print Name:						Date											
This Record Received By (Signed)						Print Name						Date											
Or due to the Owner not being present this record was placed inside the above named caravan (tick box)																							