

Gas Appliance Service Checklist

Service of a domestic gas appliance by a Gas Safe registered engineer

Company: _____ Date: ____/____/_____
Address: _____ Ref: _____

Appliance & Engineer Details

Property address:	Customer name:	Appliance location:
_____	_____	_____
Appliance type:	Make / model:	Serial number:
_____	_____	_____
Year installed:	Gas type:	Engineer name:
_____	_____	_____
Gas Safe registration number:	Date of service:	Next service due:
_____	_____	_____

Service Checks

- Visual inspection — condition, stability, overheating, corrosion, soot/staining
- Gas tightness (soundness) test carried out — result satisfactory
- Burner operating pressure / gas rate checked vs data plate
- Burner, heat exchanger, condensate trap / injectors cleaned
- Ventilation present, adequate and unobstructed
- Flue & terminal visual inspection — routing, termination, seals
- Flue flow test carried out (where required)
- Spillage test carried out (where required)
- Combustion analysis — flue gas analyser used (calibrated)
- Flame supervision & safety devices operate correctly

Readings

Reading	Measured value	Manufacturer's range	Pass / Fail
Operating pressure / gas rate			
CO/CO2 ratio			
CO (ppm)			
CO2 (%)			

Defects & Outcome

Defects identified:	Parts replaced:	Remedial work required:
_____	_____	_____
Appliance safe to use? (Y/N):		

Sign-off

Engineer signature:

Date:

Customer signature:
