GAS safe REGISTER GTP 0752

GAS TESTING & PURGING (NON-DOMESTIC)

Optimum.

LPHW PIPEWORK AND METER

Optimum Group Services plc
Jebsen House,
53-61 High Street,
Ruislip,
Middlesex HA4 7BD

Registered No: 123984
Operative licence No: 4034031
Issued By: N Farrant
Print Name: N FARRANT
Position Held: LEAD COMBUSTION ENGINEER

Job address:
Name: BROADGATE ESTATES
Address: REGENTS PLACE, 1,4 AND 7 TRITON SQUARE, LONDON
Postcode _____ Tel No: _____
Received By (Signature) NOT AVAILABLE

Client details if different
Name: N/A
Address:
Postcode _____
Received _____ Tel No: _____

STRENGTH TEST DETAILS

State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New Extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/No)	
Calculated strength test pressure (STP) (mbar/bar)	
Test medium - air, nitrogen, water, (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (%STP)	
Calculated pressure drop (mbar/bar)	
Findings	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

PURGING PROCEDURE DETAILS

Has a risk assessment been carried out? Yes/No	
Has a written procedure for the purge been prepared? Yes/No/N/A	
Have 'NO SMOKING' signs etc been displayed as necessary?	
Have persons in the vicinity of the purge been advised accordingly?	
Have all appropriate valves to and from the section of pipe been labelled?	
Where Nitrogen gas is being used for an indirect purge have the gas cylinders been checked/verified for their correct content?	
Are suitable fire extinguishers available in case of an incident?	
Are two way radios (intrinsically safe) available? (Yes/No)	
Are all electrical bonds fitted as necessary?	
Calculate purge volume Gas Meter (m3)	
Installation pipework & fittings (m3)	
Total purge volume (m3)	
Is gas detector/oxygen measuring device as appropriate intrinsically safe?	
Findings	
Carry out purge noting final test criteria readings (O_2% or LFL%)	
Purge Pass or Fail	

TIGHTNESS TEST DETAILS

Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)	NG
Installation - New (N) New Extension (NE) Existing (E)	E
Could weather/changes in temperature affect test? Yes/No	NO
Meter type (diaphragm,Rotary etc)	ROTARY
Meter designation (U16,U40,P7 etc)	D11
Meter bypass installed? Yes/No	NO
Installation volume (IV) Gas meter (m3)	0.0019
Installation pipework & fittings (m3)	2.1926
Total IV (m3)	2.195
Test medium - fuel, gas, air	GAS
Tightness test pressure (TTP) mbar/bar	21mb
Pressure Gauge type (water, high SG, electronic etc)	HIGH SG
Maximum permitted leak rate (MPLR) m3/hr	0.03
Let-by test period existing installations (minutes)	5 MINS
Stabilisation period (minutes)	15 MINS
Tightness test duration (TTD) (minutes)	5 MINS
Any inadequate ventilated areas to check? Yes / No	NO
Is barometric pressure correction necessary? Yes / No	NO
Findings	
Actual pressure drop (if any) mbar	ZERO
Actual leak rate m3bar	N/A
Have inadequately ventilated areas been checked? Yes / No	N/A
Tightness test Pass or Fail	PASS

INDICATE WORK UNDERTAKEN:

Strength test	N/A	Tightness test	✓
Purge	N/A		

DECLARATION OF GAS SAFETY

I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation & Use) Regulations, industry standards and procedures.

Gas Operative's Signature: N Farrant
Responsible person's signature:
Date: 28/02/18

Attention: Where additional safety checks have been necessary to ensure the gas system is safe, the responsible person has been informed and has accepted the results, the installation has been left operational.

NOTIFICATION OF UNSAFE GAS INSTALLATION

I confirm that all of the information described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation & Use) Regulations, industry standards and procedures. However, an unsafe gas installation has been identified, details of which are listed on a seperate Warning / Advice Notice.

Gas Operative's Signature:
Responsible person's signature:
Date:

A copy of this form has been printed and handed to:

Copy declined: Yes: ☐ No: ☐

Key: - Optimum Office Top Copy - Client Yellow Copy - Engineer Green Copy

GAS safe REGISTER GTP 0753

GAS TESTING & PURGING (NON-DOMESTIC)

Optimum.

HEALTH CLUB & PIPEWORK AND METER

Optimum Group Services plc
Jebsen House,
53-61 High Street,
Ruislip,
Middlesex HA4 7BD

Registered No: 123984
Operative licence No: 4034031
Issued By: [signature]
Print Name: D. FARRANT
Position Held: LEAD COMBUSTION ENGINEER

Job address:
Name: BROADGATE QUARTER
Address: REGENTS PLACE, 1,4 AND 7 TRITON SQUARE, LONDON
Postcode _____ Tel No: _____
Received By (Signature) _____

Client details if different
Name: _____
Address: _____
Postcode _____
Received N/A Tel No: _____

STRENGTH TEST DETAILS

State test method Pneumatic (P) or Hydrostatic (H)	
Installation - New (N) - New Extension (NE) - Existing (E)	
Have components not suitable for strength testing been removed or isolated from installation as necessary (Yes/No)	
Calculated strength test pressure (STP) (mbar/bar)	
Test medium - air, nitrogen, water, (hydrostatic test) etc	
Stabilisation period (minutes)	
Strength test duration (STD) (minutes)	
Permitted pressure drop (%STP)	
Calculated pressure drop (mbar/bar)	
Findings	
Actual pressure drop (mbar/bar)	
Strength test Pass or Fail	

PURGING PROCEDURE DETAILS

Has a risk assessment been carried out? Yes/No	
Has a written procedure for the purge been prepared? Yes/No/N/A	
Have 'NO SMOKING' signs etc been displayed as necessary?	
Have persons in the vicinity of the purge been advised accordingly?	
Have all appropriate valves to and from the section of pipe been labelled?	
Where Nitrogen gas is being used for an indirect purge have the gas cylinders been checked/verified for their correct content?	
Are suitable fire extinguishers available in case of an incident?	
Are two way radios (intrinsically safe) available? (Yes/No)	
Are all electrical bonds fitted as necessary?	
Calculate purge volume Gas Meter (m^3)	
Installation pipework & fittings (m^3)	
Total purge volume (m^3)	
Is gas detector/oxygen measuring device as appropriate intrinsically safe?	
Findings	
Carry out purge noting final test criteria readings (O_2% or LFL%)	
Purge Pass or Fail	

TIGHTNESS TEST DETAILS

Gas type Natural Gas (NG) Liquefied Petroleum Gas (LPG)	NG
Installation - New (N) New Extension (NE) Existing (E)	E
Could weather/changes in temperature affect test? Yes/No	NO
Meter type (diaphragm,Rotary etc)	DIA
Meter designation (U16,U40,P7 etc)	U100
Meter bypass installed? Yes/No	NO
Installation volume (IV) Gas meter (m^3)	0.182
Installation pipework & fittings (m^3)	0.575
Total IV (m^3)	0.757
Test medium - fuel, gas, air	GAS
Tightness test pressure (TTP) mbar/bar	21mb
Pressure Gauge type (water, high SG, electronic etc)	HIGH SG
Maximum permitted leak rate (MPLR) m^3/hr	0.03
Let-by test period existing installations (minutes)	2 MINS
Stabilisation period (minutes)	15 MINS
Tightness test duration (TTD) (minutes)	2 MINS
Any inadequate ventilated areas to check? Yes / No	NO
Is barometric pressure correction necessary? Yes / No	NO
Findings	
Actual pressure drop (if any) mbar	ZERO
Actual leak rate m^3bar	N/A
Have inadequately ventilated areas been checked? Yes / No	N/A
Tightness test Pass or Fail	PASS

INDICATE WORK UNDERTAKEN:

Strength test	N/A	Tightness test	✓
Purge	N/A		

DECLARATION OF GAS SAFETY

I confirm that all of the above work described on this form has been satisfactorily completed in accordance with the current Gas Safety (Installation & Use) Regulations, industry standards and procedures.

Gas Operative's Signature: [signature]
Responsible person's signature:
Date: 28/2/18

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Gas Operative's Signature: _____
Responsible person's signature: _____
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