

Serial No

AAA 009138

MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD

This Safety Record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.



Gas Safe is a registered trade mark of GSE and is used under licence.

Details of Registered Business
 Gas Safe Register No 504 807
 Registered Engineer's Name PATILLA ANTOR
 Gas Safe Register Licence Number
 Business MAX GAS LTD
 Address 87 BRIMINE ROAD
 Postcode N15 6DE
 Contact No 07846376597

Vehicle/Trailer Details
 Vehicle or Trailer
 Chassis/Serial Number
 or
 Reg Number YR 55 KAD
 Trading Title AVELEY KEBAB WORLD

Vehicle/Trailer Owner Details
 Name Mrs/Miss/Ms) MEHMET CEYLAN
 Address PIATC 37 NAVARINO ROAD
HACKNEY
 Postcode E8 1AD
 Contact No

Record issued by:
 Signature: P. ANTON
 Print Name:
 Received By
 Signature:

Appliance Type	Manufacturer	Model	Type of flue	Operating pressure	Operation of safety device(s)	Ventilation satisfactory
1 GRILL	LINCAT	GRILL	FL	28 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2				mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3				mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4				mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Visual condition of flue and termination	Flue operation checks	Appliance isolation valve fitted	Is appliance secure	Serviced	Safe to use
1 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4 Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

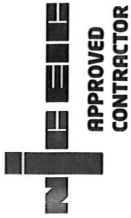
Gas installation details
 Is the LPG cylinder housing satisfactory? Yes No NA
 Is the ECV accessible, labelled and operable? Yes No
 Is visible gas pipework including gas hoses satisfactory? Yes No
 Is the gas installation gas tight? Yes No
 LPG Regulator operating pressure 38 mbar
 LPG Regulator lock-up pressure 50 mbar
General safety
 Is there a fire extinguisher(s) provided? Yes No
 Is a fire blanket provided? Yes No
 Is the current safety record displayed? Yes No
 Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.
Remedial Action Taken		

ATTENTION

Next safety check due by:
21/11/2010

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This report is not valid if the serial number has been defaced or altered

150742

IPR18

ELECTRICAL INSTALLATION CONDITION REPORT

Issued in accordance with BS 7671: 2018 - Requirements for Electrical Installations

PART 1 : DETAILS OF THE CONTRACTOR, CLIENT AND INSTALLATION

DETAILS OF THE CONTRACTOR

Registration No: 044883
Branch No: 0
Trading Title: N B Electrics Ltd
Address: 63 BROADLANDS AVANUE, ENFIELD, MIDDLESEX
Postcode: EN3 5AQ
Tel No: 07832342888

DETAILS OF THE CLIENT

Contractor Reference Number (CRN): N/A
Name: AVELEY,KEBAB, WORLD
Address: 74A AVELEY HIGH STREET, AVELEY
Postcode: RM15 4BX
Tel No: 07491061616

DETAILS OF THE INSTALLATION

Occupier: MR MEHMET CEYLAN
Address: 74A AVELEY HIGH STREET, AVELEY
Postcode: RM15 4BX
Tel No: 07491061616

PART 2 : PURPOSE OF THE REPORT

Purpose for which this report is required:
ELECTRICAL SAFETY CHECK (PERIODIC)

(see additional page No. N/A)

Date(s) when inspection and testing was carried out: (01/02/2020)

Records available: (No)

Previous inspection report available: (No)

Previous report date: ()

PART 3 : SUMMARY OF THE CONDITION OF THE INSTALLATION

General condition of the installation (in terms of electrical safety):
CATERING VAV IN GOOD CONDITION RCD PROTECTION USED
GENERALLY GOOD

(see additional page No. N/A)

Estimated age of electrical installation: (10) years

Evidence of additions or alterations: (Yes)

Overall assessment of the installation is: **Satisfactory**

PART 4 : DECLARATION

INSPECTION AND TESTING

I, being the person responsible for the inspection and testing of the electrical installation, particulars of which are described in PART 7, having exercised reasonable skill and care when carrying out the inspection and testing of the existing installation, hereby CERTIFY that the information in this report, including the observations (page 2) and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations on the inspection and testing.

Name (capital): mr.nazim.hazar

Signature:

Date: 01/02/2020

REVIEWED BY THE REGISTERED QUALIFIED SUPERVISOR FOR THE APPROVED CONTRACTOR

Name (capital): mr.nazim.hazar

Signature:

Date: 01/02/2020

*An unsatisfactory assessment indicates that dangerous (CODE C1) and/or potentially dangerous (CODE C2) conditions have been identified in PART 6, or that Further Investigation (CODE FI) without delay is required.

This report is based on the model forms shown in Appendix 6 of BS 7671
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Please see the 'Notes for Recipient'