Business name _____
Address _____
Phone _____
Email _____
VAT no. _____
Gas Safe registration no. _____

JOB SHEET

Gas Engineer

Job no. _____
Date _____

CUSTOMER

ADDRESS OF THE WORK

WORK ASKED FOR

WORK DONE

Arrived _____ Left _____ Hours _____

CHECKS

	Done	N/A
Gas Safe ID card shown to the customer	☐	☐
Gas tightness test passed before and after work	☐	☐
Working pressure and gas rate checked	☐	☐
Flue flow and spillage tests done	☐	☐
Combustion analysis readings recorded	☐	☐
Ventilation checked	☐	☐
Carbon monoxide alarm present and tested	☐	☐
Benchmark checklist filled in and left with the customer	☐	☐
Customer shown the controls and how to top up the pressure	☐	☐

MATERIALS USED

Item	Qty

NOTES, PHOTOS TAKEN, ANYTHING TO COME BACK FOR

SIGN-OFF

Customer signature _____ Date _____
Gas Engineer signature _____ Date _____

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