

Commercial Catering Inspection Record - Part A



Company / Installer		Job Address		Client / LandLord	
Engineer	Jim Lawrance	Name	Phil	Name	Mr Phil Holland
Company	Lawrance Gas & Catering	Address	Bradfield Park Scouts	Company	Bradfield Park Scout Camp Site
Address	18		Ixer Lane	Address	
	Back Lane		Bury St Edmunds		Ixer Lane
	Norwich				Bradfield Combust
	Norfolk				Suffolk
Post Code	NR136NN	Post Code	IP300LR	Post Code	IP300LR
Tel No.	07960082680	Tel No.		Tel No.	
Gas Safe Reg	960480			Mob. No.	
ID Card No.	5781551				

Content	
Gas Installation Details	
Emergency isolation for Catering area	<input type="text" value="Yes"/>
Location Satisfactory	<input type="text" value="Yes"/>
Accessible	<input type="text" value="Yes"/>
Suitable valve type	<input type="text" value="NA"/>
Valve handle secured in place	<input type="text" value="NA"/>
Emergency notice present	<input type="text" value="Yes"/>
Gas isolation via automatic electric system?	<input type="text" value="Yes"/>
Is the system fitted with automatic pressure proving?	<input type="text" value="No"/>
Is there a manual reset facility?	<input type="text" value="Yes"/>
Attached notice regarding resetting?	<input type="text" value="Yes"/>
Do appropriate appliances have full flame safeguard?	<input type="text" value="Yes"/>
Evidence of corrosion of gas pipework	<input type="text" value="No"/>
Action required	<input type="text" value=""/>
Gas installation has been tightness tested	<input type="text" value="Yes"/>
Gas installation tightness satisfactory	<input type="text" value="Yes"/>
Pipework within the catering area	
Are the correct materials being used?	<input type="text" value="Yes"/>
Correctly identified and labelled?	<input type="text" value="Yes"/>
Correctly supported throughout pipe run?	<input type="text" value="Yes"/>
Are sleeves extended through walls/floors etc?	<input type="text" value="Yes"/>
Suitable purge points fitted?	<input type="text" value="NA"/>
Suitable test points fitted?	<input type="text" value="Yes"/>
Electrical protective bonding fitted where required?	<input type="text" value="No"/>
Safety information	
Has a Warning Record been issued?	<input type="text" value="No"/>
Have warning labels been affixed?	<input type="text" value="No"/>
Has a responsible person been advised?	<input type="text" value="NA"/>
If Warning Notice issued insert Classification and Serial No.	<input type="text" value="NA"/>
Classification	<input type="text" value="NA"/>
Serial No.	<input type="text" value=""/>
Risk Analysis of kitchen ventilation/extract system	
Has risk assessment in accordance with IGEM/UP/19	<input type="text" value="Yes"/>
If applicable what is the outcome of the Risk Assessment	<input type="text" value="Satisfactory"/>
Ventilation/extract system and air quality systems	
Is a canopy system installed?	<input type="text" value="Yes"/>
If yes - is canopy overhang correct?	<input type="text" value="Yes"/>
Record type of filtration (e.g. mesh/baffles/UV)	<input type="text" value="baffle"/>
Filtration adequately maintained	<input type="text" value="Yes"/>
Mechanical extract provided?	<input type="text" value="Yes"/>
If yes - what is the flow rate in litres/sec?	<input type="text" value="2.1m/s"/>
If yes, and where appropriate - is flow rate adequate?	<input type="text" value="Yes"/>
Is mechanical extract interlocked with gas supply?	<input type="text" value="Yes"/>
Is interlock fitted with manual override?	<input type="text" value="No"/>
If yes - override disabled?	<input type="text" value="NA"/>
If no, written report provided advising against use?	<input type="text" value="NA"/>
Mechanical ventilation fitted?	<input type="text" value="No"/>
If yes, what is the flow rate in litres/sec?	<input type="text" value=""/>
If yes, and where appropriate - is flow rate adequate?	<input type="text" value="NA"/>
Mechanical ventilation interlock provided?	<input type="text" value="NA"/>
If yes - does interlock work correctly?	<input type="text" value="NA"/>
Where required is natural ventilation provided?	<input type="text" value="Yes"/>
provide details - High level <input type="text" value="Louvre v"/> cm2	<input type="text" value="Adequate?"/>
Low level <input type="text" value=""/> cm2	<input type="text" value="Yes"/>
Is detection interlocked with gas supply?	<input type="text" value="NA"/>
Air Quality Testing (in accordance with IGEM/UP/19)	
Average of 3 CO ₂ levels recorded within work area(s) during visit (refer to IGEM/UP/19)	
First CO ₂ reading:	<input type="text" value="2087"/> ppm (1)
Second CO ₂ reading:	<input type="text" value="2143"/> ppm (2)
Third CO ₂ reading:	<input type="text" value="2128"/> ppm (3)
Average of above 3 readings: (1 + 2 + 3) ÷ 3	<input type="text" value="2119.33"/> ppm
Results of Air Quality Testing:	<input type="text" value="Acceptable"/>
Details of recording instrument(s):	
1. Make/model <input type="text" value="Anton vent check"/> Calibration date <input type="text" value="2026-04-16"/>	
2. Make/model <input type="text" value=""/> Calibration date <input type="text" value=""/>	

Additional works required	Comment
None	Carried out tightness test on installation from ECV at cylinder changeover valve to standard IGE/up/1b. No drop found. Let-by test, no rise on gauge.



Commercial Catering Inspection Record Part B - Appliance Record Sheet

Appliance Details				Inspection Details										
Type	Make	Model	Manufacturers instructions available (Yes/No)	Operating pressure (mbar)	Heat input (kW/h)	FSD Fitted to all burners (Yes/No/NA)	FSD correct operation (Yes/No/NA)	Maximum CO reading above appliance (if applicable)	Maximum CO ₂ reading above appliance (if applicable)	Gas isolation valve fitted (Yes/No)	Gas hose and restraint fitted correctly (Yes/No/NA)	Pipework gas tight (Yes/No)	Safe to use (Yes/No)	
1	6 Burner Oven	Falcon	G2101	Yes	36	0	Yes	Yes	na	2143	Yes	Yes	Yes	Yes
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Signatures

Issued by: Signed  Received by: Signed  Date

Print Name: Print Name: **NEXT INSPECTION DUE**