

GASFITTING CERTIFICATE OF COMPLIANCE – GAS SAFETY CERTIFICATE



Certificate of Compliance:

Client Name:

Reference / Job #: ICP (if known):

Address of work:

Suburb: Town / City:

Description of gasfitting work: (If different gasfitting work was done by different people, state who did what gasfitting.)

Installation of 20mm Rifeng gas supply pipework connected to 9 kg LPG cylinder installed on exterior wall adjacent. Connected to Fisher And Paykel 5 burner freestanding stove.

Gas supply pressure kPa Risk classification (tick one) Low-Risk General High-risk

Gas type (tick one) Natural gas LPG Biogas Other (specify)

The work has been done in accordance with a certified design: Yes No

If yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate. (Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work relies on manufacturer's instructions: No Yes:

If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate. (Or provide reference to readily accessible electronic format, eg Internet link.)

Identify:

Link:

The work has been done in accordance with means of compliance (specify):

Yes – AS/NZS 5601.1 sections 3 to 6 Yes – AS/NZS 5601.2 sections 3 to 9 No

Were any other standards or gas code of practice required for compliance?

Yes (specify) No

Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply?

All Parts (specify)

Date(s) on which the work was done:

Name and registration number of anyone who carried out work under supervision:

By signing this document I confirm that I am satisfied that the work described in this certificate of compliance has been done lawfully and safely, and that the information on this certificate is correct.

Certifier name: Registration number:

Certifier Signature: Date:

Gas Safety Certificate:

By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation, is connected to a gas supply and is safe to use.

Name of person authorised to certify the connection:

Registration number: Date of completion or connection:

Certifier Signature: Date:

This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.