COMMERCIAL SERVICING/COMMISSIONING RECORD

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C1C 0668823

REGISTERED BUSINESS DETAILS

Gas Engineer:	G. WEST
Gas Safe registered engineer No:	5975655
Company:	UPP
Reg No:	548173
Address:	12 ARTHUR ST LONDON
Postcode:	EC4R 9AB
Tel No:	

DECLARATION OF GAS SAFETY

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

Gas Engineer's signature: G West Date: 28.4.26

INSPECTION / INSTALLATION ADDRESS

Name & Title:	GARDEN MALLS
Address:	
Post Code:	Tel:
Issued to (print name):	Date:

CUSTOMER'S NAME & ADDRESS (if different from Inspection / Installation)

Name & Title:	
Address:	
Post Code:	Tel:

APPLIANCE DETAILS

	No. 1	No. 2	No. 3
Location:	BHR RM	BOILER	BOILER RM
Type:	BOILER 1	BOILER 2	BOILER 3
Model:	MODUMAX MK2	MODUMAX MK2	MODUMAX MK2
Serial No:	M20H15GB0285	0286	0287
Burner manufacturer (if different):		-	-
Flue type:	RS	RS	RS

COMBUSTION CHECKS

Appliance No.	No. 1		No. 2		No. 3	
Firing Mode	Low	High	Low	High	Low	High
Heat input rating (kW)	PREVIOUSLY SHUT OFF. NEEDS HEAT EX		/	200	/	200
Gas burner pressure (mbar)			/	21	/	21
Gas rate (m^3/hr)						
Air/gas ratio control setting						
Ambient (room) temperature (°C)			14	14	14	14
Flue gas temperature (°C)			69	74	85	88
Flue gas temperature net (°C)			52	57	60	72
Flue draught pressure (mbar)						
Oxygen (O_2) %			5.3	5.3	5.3	4.8
Carbon Monoxide (CO) ppm			93	113	10	60
Carbon Dioxide (CO_2) %			8.9	8.9	8.9	9.2
NO_X %						
Excess air %			33	33	29	33
CO/CO_2 - Ratio			1:0.0	1:0.0	1:0.0	1:0.0
Gross efficiency %			97	97	97	97
CO flue dilution ppm						

ADDITIONAL CHECKS (Yes/No/NA)

	No. 1	No. 2	No. 3
Flue flow test satisfactory	NA	NA	NA
Spillage test satisfactory	NA	NA	NA
Ventilation satisfactory (see also GENERAL SAFETY CHECKS)	Y	Y	Y
Air/gas pressure switch operating correctly	Y	Y	Y
Flame proving/safety devices operating correctly	Y	Y	Y
Burner lock-out time (seconds)	Y	Y	Y
Temperature and limit thermostats operating correctly	Y	Y	Y
Appliance serviced	N	N	N

DETAILS OF REMEDIAL WORK REQUIRED:

HEAT EX BLR 3 KETTING WHEN ON MAX LOAD

DETAILS OF WORK DONE:

GENERAL SAFETY CHECKS (Yes/No/NA)

Gas booster(s)/compressor(s) operating correctly?	NA
Gas installation tightness test carried out? (if yes see separate form)	Y
Gas installation pipework adequately supported?	Y
Gas installation pipework sleeved/labelled/painted as necessary?	Y
Flue system installed in accordance with appropriate standards?	Y
Flue termination(s) satisfactory?	Y
Fan-flue interlock operating correctly?	NA

VENTILATION TYPE Natural - Go to item 1 Mechanical - go to item 2

1. Plant room/compartment ventilation	low-level free area (cm^2)	Y
	high-level free area (cm^2)	Y
All ventilation grilles clear and unobstructed?		Y
2. Mechanical ventilation flow rate	inlet (m^3/s)	
	extract (m^3/s)	
Mechanical ventilation interlock operating correctly?		
All ventilation grilles clear and unobstructed?		

SAFETY INFORMATION

Has a Warning/Advice Notice been raised?	
Have warning labels been attached?	
Has responsible person been advised?	

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COMMERCIAL SERVICING/COMMISSIONING RECORD

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C1C 0668822

REGISTERED BUSINESS DETAILS

Gas Engineer:	G·WEST
Gas Safe registered engineer No:	5975655
Company:	UPP
Reg No:	548173
Address:	12 ARTHUR ST
	LONDON
Postcode:	EC4R 9AB
Tel No:	

DECLARATION OF GAS SAFETY

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

Gas Engineer's signature [signature] Date: 28-4-26

INSPECTION / INSTALLATION ADDRESS

Name & Title:	GARDEN HALLS
Address:	
Post Code:	Tel:
Issued to (print name):	Date:

CUSTOMER'S NAME & ADDRESS (if different from Inspection / Installation)

Name & Title:	
Address:	
Post Code:	Tel:

APPLIANCE DETAILS

	No. 1	No. 2	No. 3
Location:	BLR ROOM	BLR ROOM	BLR ROOM
Type:	BOILER 4	BLR 5	BOILER 6
Model:	MODUMAX MK2	MODUMAX MK2	MODUMAX MK2
Serial No:	M20G15IGB0269C	0268	0267
Burner manufacturer (if different):	—	—	—
Flue type:	RS	RS	RS

COMBUSTION CHECKS

Appliance No.	No. 1		No. 2		No. 3	
Firing Mode	Low	High	Low	High	Low	High
Heat input rating (kW)	/	200	/	200	/	200
Gas burner pressure (mbar)	/	21	/	21	/	21
Gas rate (m³/hr)						
Air/gas ratio control setting						
Ambient (room) temperature (°C)	14	14	14	14	14	14
Flue gas temperature (°C)	78	70	68	76	69	78
Flue gas temperature net (°C)	63	56	52	60	52	60
Flue draught pressure (mbar)						
Oxygen (O_2) %	5	4·9	5·4	5·1	5·4	5·1
Carbon Monoxide (CO) ppm	16	63	48	60	16	51
Carbon Dioxide (CO_2) %	9	9·1	8·3	9	8·9	9
NO_X %						
Excess air %	31	30	34	32	33	32
CO/CO_2 - Ratio	660	656	656	656	660	656
Gross efficiency %	97	97	97	97	97	97
CO flue dilution ppm						

ADDITIONAL CHECKS (Yes/No/NA)

	No. 1	No. 2	No. 3
Flue flow test satisfactory	NA	NA	NA
Spillage test satisfactory	NA	NA	NA
Ventilation satisfactory (see also GENERAL SAFETY CHECKS)	Y	Y	Y
Air/gas pressure switch operating correctly	Y	Y	Y
Flame proving/safety devices operating correctly	Y	Y	Y
Burner lock-out time (seconds)	Y	Y	Y
Temperature and limit thermostats operating correctly	Y	Y	Y
Appliance serviced	N	N	N

DETAILS OF REMEDIAL WORK REQUIRED:

DETAILS OF WORK DONE:

GENERAL SAFETY CHECKS (Yes/No/NA)

Gas booster(s)/compressor(s) operating correctly?	NA
Gas installation tightness test carried out? (if yes see separate form)	Y
Gas installation pipework adequately supported?	Y
Gas installation pipework sleeved/labelled/painted as necessary?	Y
Flue system installed in accordance with appropriate standards?	Y
Flue termination(s) satisfactory?	Y
Fan-flue interlock operating correctly?	NA

VENTILATION TYPE Natural - Go to item 1 Mechanical - go to item 2

1. Plant room/compartment ventilation	low-level free area (cm²)	Y
	high-level free area (cm²)	Y
All ventilation grilles clear and unobstructed?		Y
2. Mechanical ventilation flow rate	inlet (m³/s)	
	extract (m³/s)	
Mechanical ventilation interlock operating correctly?		
All ventilation grilles clear and unobstructed?		

SAFETY INFORMATION

Has a Warning/Advice Notice been raised?	
Have warning labels been attached?	
Has responsible person been advised?	

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COMMERCIAL SERVICING/COMMISSIONING RECORD

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C1C 0668820

REGISTERED BUSINESS DETAILS

Gas Engineer: G. WEST
Gas Safe registered engineer No: 5975655
Company: UPP Reg No: 548173
Address: 12 ARTHUR ST
LONDON
Postcode: EC4R 9AB Tel No:

DECLARATION OF GAS SAFETY

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

Gas Engineer's signature [signature] Date: 28-4-26

INSPECTION / INSTALLATION ADDRESS

Name & Title:
Address: GARDEN HALLS
Post Code: Tel:
Issued to (print name): Date:

CUSTOMER'S NAME & ADDRESS (if different from Inspection / Installation)

Name & Title:
Address:
Post Code: Tel:

APPLIANCE DETAILS

	No. 1	No. 2	No. 3
Location:	BLR ROOM	BLR ROOM	BLR ROOM
Type:	BOILER 7	BOILER 8	BLR ROOM
Model:	HAMWORTHY MODUMAX	HAMWORTHY MODUMAX	HAMWORTHY MODUMAX
Serial No:	M20M251GBAEP01994	M20M251GBAEP01992	M20M251GBAEP1993
Burner manufacturer (if different):	—	—	—
Flue type:	RS	RS	RS

COMBUSTION CHECKS

Appliance No.	No. 1		No. 2		No. 3	
Firing Mode	Low	High	Low	High	Low	High
Heat input rating (kW)	/	196	/	195	/	195
Gas burner pressure (mbar)	/	21	/	21	/	21
Gas rate (m³/hr)						
Air/gas ratio control setting						
Ambient (room) temperature (°C)	14	14	14	14	14	14
Flue gas temperature (°C)	77	77	73	69	75	81
Flue gas temperature net (°C)	62	61	58	54	59	65
Flue draught pressure (mbar)						
Oxygen (O_2) %	5	5.1	5.3	5.2	5.2	5
Carbon Monoxide (CO) ppm	10	48	9	48	10	52
Carbon Dioxide (CO_2) %	9	9	8.9	8.9	8.9	9
NO_X %						
Excess air %	31	32	34	33	33	31
CO/CO_2 - Ratio	000	000	000	000	000	000
Gross efficiency %	97	97	97	97	97	97
CO flue dilution ppm						

ADDITIONAL CHECKS (Yes/No/NA)

	No. 1	No. 2	No. 3
Flue flow test satisfactory	NA	NA	NA
Spillage test satisfactory	NA	NA	NA
Ventilation satisfactory (see also GENERAL SAFETY CHECKS)	Y	Y	Y
Air/gas pressure switch operating correctly	Y	Y	Y
Flame proving/safety devices operating correctly	Y	Y	Y
Burner lock-out time (seconds)	Y	Y	Y
Temperature and limit thermostats operating correctly	Y	Y	Y
Appliance serviced	N	N	N

DETAILS OF REMEDIAL WORK REQUIRED:

DETAILS OF WORK DONE:

GENERAL SAFETY CHECKS (Yes/No/NA)

Gas booster(s)/compressor(s) operating correctly?	NA
Gas installation tightness test carried out? (if yes see separate form)	Y
Gas installation pipework adequately supported?	Y
Gas installation pipework sleeved/labelled/painted as necessary?	Y
Flue system installed in accordance with appropriate standards?	Y
Flue termination(s) satisfactory?	Y
Fan-flue interlock operating correctly?	NA

VENTILATION TYPE Natural - Go to item 1 Mechanical - go to item 2

1. Plant room/compartment ventilation	low-level free area (cm²)	Y
	high-level free area (cm²)	Y
All ventilation grilles clear and unobstructed?		Y
2. Mechanical ventilation flow rate	inlet (m³/s)	
	extract (m³/s)	
Mechanical ventilation interlock operating correctly?		
All ventilation grilles clear and unobstructed?		

SAFETY INFORMATION

Has a Warning/Advice Notice been raised?	
Have warning labels been attached?	
Has responsible person been advised?	

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COMMERCIAL SERVICING/COMMISSIONING RECORD

(USE THIS FORM FOR NON-DOMESTIC INSTALLATIONS ONLY)

Report Ref No: C1C 0668821

REGISTERED BUSINESS DETAILS

Gas Engineer: G. WEST
Gas Safe registered engineer No: 5975655
Company: UPP Reg No: 548173
Address: 12 ARTHUR ST
LONDON
Postcode: EC4R 9AB Tel No:

DECLARATION OF GAS SAFETY

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

Gas Engineer's signature G West Date: 28-4-26

INSPECTION / INSTALLATION ADDRESS

Name & Title: GARDEN HALLS
Address:
Post Code: Tel:
Issued to (print name): Date:

CUSTOMER'S NAME & ADDRESS (if different from Inspection / Installation)

Name & Title:
Address:
Post Code: Tel:

APPLIANCE DETAILS

	No. 1	No. 2	No. 3
Location:	BLR ROOM	BLR ROOM	BLR ROOM
Type:	BOILER 10	BOILER 11	BOILER 12
Model:	MODUMAX MK2	MODUMAX MK2	MODUMAX MK2
Serial No:	M20B15GB 0266C	0265C	0266C
Burner manufacturer (if different):	—	—	—
Flue type:	RS	RS	RS

COMBUSTION CHECKS

Appliance No.	No. 1		No. 2		No. 3	
Firing Mode	Low	High	Low	High	Low	High
Heat input rating (kW)	/	200	/	198	/	200
Gas burner pressure (mbar)	/	21	/	20	/	21
Gas rate (m³/hr)						
Air/gas ratio control setting						
Ambient (room) temperature (°C)	14	14	14	14	14	14
Flue gas temperature (°C)	80	77	65	59	75	85
Flue gas temperature net (°C)	64	60	52	47	66	70
Flue draught pressure (mbar)						
Oxygen (O_2) %	5.1	5.1	5.2	4.9	5.3	5.1
Carbon Monoxide (CO) ppm	11	47	13	61	15	49
Carbon Dioxide (CO_2) %	9	9	8.9	9.1	8.7	9
NO_X %						
Excess air %	32	32	33	30	33	32
CO/CO_2 - Ratio	0.001	0.006	0.001	0.006	0.001	0.006
Gross efficiency %	97	97	97	97	97	97
CO flue dilution ppm						

ADDITIONAL CHECKS (Yes/No/NA)

	No. 1	No. 2	No. 3
Flue flow test satisfactory	NA	NA	NA
Spillage test satisfactory	NA	NA	NA
Ventilation satisfactory (see also GENERAL SAFETY CHECKS)	Y	Y	Y
Air/gas pressure switch operating correctly	Y	Y	Y
Flame proving/safety devices operating correctly	Y	Y	Y
Burner lock-out time (seconds)	Y	Y	Y
Temperature and limit thermostats operating correctly	Y	Y	Y
Appliance serviced	N	N	N

DETAILS OF REMEDIAL WORK REQUIRED:

DETAILS OF WORK DONE:

GENERAL SAFETY CHECKS (Yes/No/NA)

Gas booster(s)/compressor(s) operating correctly?	NA
Gas installation tightness test carried out? (if yes see separate form)	Y
Gas installation pipework adequately supported?	Y
Gas installation pipework sleeved/labelled/painted as necessary?	Y
Flue system installed in accordance with appropriate standards?	Y
Flue termination(s) satisfactory?	Y
Fan-flue interlock operating correctly?	NA

VENTILATION TYPE Natural - Go to item 1 Mechanical - go to item 2

1. Plant room/compartment ventilation	low-level free area (cm²)	Y
	high-level free area (cm²)	Y
All ventilation grilles clear and unobstructed?		Y
2. Mechanical ventilation flow rate	inlet (m³/s)	
	extract (m³/s)	
Mechanical ventilation interlock operating correctly?		
All ventilation grilles clear and unobstructed?		

SAFETY INFORMATION

Has a Warning/Advice Notice been raised?	
Have warning labels been attached?	
Has responsible person been advised?	

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