



Esperance
Gas Distribution Company

**CLASS "G" GAS INSTALLATIONS
AUDIT CHECK LIST
C9906b18**

Company:		Address:	
Contact Name:		Contact Phone No:	
Meter Number:		Meter Index:	
Meter Working Pressure:		Meter Location:	
Appliance/s			
INSPECTION / RE-INSPECTION DETAILS		Cross out as applicable	Re-Inspection
Meter location complied with regulation and supplier requirements		Y/N	Y/N
Appliance location complied with regulation and supplier requirements		Y/N	Y/N
Pipework is of sufficient size for the supply parameters		Y/N	Y/N
Approved pipework and materials are used		Y/N	Y/N
Pipework secure in accordance with regulation		Y/N	Y/N
Appliances have been correctly installed		Y/N	Y/N
Installation is pressure tested for leaks		Y/N	Y/N
Appliance combustion (type A only)		Y/N	Y/N
Appliance isolation valves fitted where required		Y/N	Y/N
Flueing and ventilation requirements are met		Y/N	Y/N
A Compliance Badge has been affixed to the installation		Y/N	Y/N
Appliances have been commissioned satisfactorily		Y/N	Y/N
Inspection Complete and installation Compliant		Y/N	Y/N
Installation N.O.C. Number		Gasfitter's No	
Installation Gasfitter's Name			
Brief Summary of Inspection Details:			
Inspection Date:		Inspector's Name:	
Signature:		Inspector No:	
Re-Inspection Date:		Inspector's Name:	
Signature:		Inspector No:	