

# GASFITTING CERTIFICATE OF COMPLIANCE



Client Name:

Reference or 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.)

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

Copy of certified design attached. (Or provide reference to readily accessible format, eg Internet link)

The work relies on manufacturer's instructions:  Yes  No

Copy of manufacturer's instructions attached. (Or provide reference to readily accessible format, eg Internet 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 required for compliance?

Yes (specify)   No

Parts of the gas installation that are safe to connect to a gas supply?

All  Parts (specify)

Date(s) on which the work was done (if different from date of certifying gasfitting):

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

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:  Certificate Issue Date:

Signature:

Outline any additional information attached: