Gas Heater Type A Appliance Service Report

Date:												
Licensed/Registered person:							Lice	nce/Red	gistration no:			
Client name:						,,	Contact no:					
Street address:									00.11.001.1101			
Suburb:									Postcode:			
Appliance:									Certified?		ct ontion	
Manufacturer:			Model:					Serial no:			ot option	
Date of installation:			Wiodei.				Compli	ance C	ertificate no:			
							Оотпри	arioc C	crimoato no.			
General installation observations:												
Appliance condition:												
Fluing system condition: (including chimney)												
Approved cowl:	Select option		If no, a taken:	ction								
Is room ventilation compliant?	Select option		If no, a taken:	ction								
Appliance isolation valves:	Select option											
Appliance electrically safe:	Select option											
Negative pressure test — as	ner ESV / VBA	's Nogative	Draceur	o and C	`arhon	Monov	rida Spillaga T	ast Pai	o <i>rt (</i> if appli	cable	.)	
	Select option	3 Negative	riessui	e and c	arbori	WOITO	ilde Spillage T	est Nej	ort (ii appii	Jabie	-)	
Clean dust and debris from:	Appliance	Burner		Pilot			Fan		Filters		Air intakes	
Cracked heater exchanger:		Duniei		1 1101			1 all		Tillers		All lillanes	
Note : If a heat exchanger is cr		any immediat	te dange	er can b	e deteri	mined I	ov a combustio	n spilla	ne test			
	donoù or opin,	arry irriirriodia.	- dange	or carr b	0 00001		oy a combaction	Торіпа	90 1001.			
Check and set appliance		kPa										
operating pressure: Gas burner check:	Burner ignitio		Flame abnormality Se			Select option	Flam	ne impingem	ent	Select opti	ion	
Check operation of appliance and safety devices:				<u></u>		·9	- Colon Spilon					
Carbon Monoxide Spillage Test Report provided: Repairs:	Select option											
Statement of compliance												
Heater cleaned and serviced:												
			Heater	isolated	d due to	CO sp	illage or fault:					
Next service date:			Heater	isolated	d due to		illage or fault: it's signature:					

Note: If heater is immediately unsafe and client refuses to have the heater isolated — notify ESV on 1800 652 563, select option 5.

This Report should be completed in conjunction with the Carbon Monoxide Spillage Test Report and a copy should be provided to your client at the completion of the service. This is not a comprehensive list of service and maintenance activities for all appliances and should be used as a minimum to ensure the appliance safety. It should be used in conjunction with AS 4575 Gas appliance - Servicing of Type A appliances.



