

Statement of Safe for Use

Date: _____

Our Ref: _____

Retailer Reference Number: _____

To: _____

Dear Sir

Commissioning of Gas Appliance

(Project Name)

(Address of Premises/Development)

We have tested the gas appliances (as attached or listed) to be gas tight and safe to use with *town gas / natural gas in accordance to Regulation 21 of Gas (Supply) Regulations.

Commission date: _____

Attachment: _____
(Commissioning report, list of gas appliances, etc, where applicable)

We have also demonstrated and advised the *client / users on the operation and maintenance of the listed gas appliances.

This is for your information and record.

Yours faithfully

Acknowledged by,

Signature and Stamp of *PE / LGSW / Date

Signature of Owner Representative

cc : 1) Gas Retailer
2) PE/ LGSW
3) Consultant (if any)

*: delete where not applicable