



Notification Form – Report of dangerous gas fitting

Explanatory notes:

This form should be used by Gas Safe registered businesses/engineers to report to HSE Guernsey, gas appliances and installations using either Mains Gas (a mixture of liquefied petroleum gas (LPG) and Air (LPG/Air), or LPG that have been examined or tested and regarded to be dangerous (see **Note**), but have not actually caused any injuries.

Note: To be regarded as 'dangerous' there must be a serious fault in either the design or construction of the gas fitting (including any flueing or ventilation provided for appliances), or in the way the initial installation was carried out or later serviced or modified. The fault must be so serious that people are likely to suffer death, or major injury from the acute effects of carbon monoxide poisoning or the effects of fires or explosions following gas escapes.

Part A

Personal details

1. What is your full name?

2. What is your job title?

3. What is the name of your organisation?

4. How can we contact you if we need more information?
Your address and postcode:

5. Your telephone/fax number

3. Was it in a building?

No ☐ Yes ☐

What type of building?

- ☐ House
☐ Flats (4 storeys or less)
☐ Flats (4 or more storeys)
☐ Bungalow
☐ Maisonette
☐ Other

What type of room?

- ☐ Kitchen
☐ Bathroom
☐ Bedroom
☐ Lounge
☐ Dining room
☐ Other room

4. Was the fault repaired at the time?

☐ Yes ☐ No

5. If not, was the situation made safe by disconnection, or contact with the Guernsey Gas emergency service centre for them to disconnect?

☐ Yes ☐ No

Part C

About the person

1. What was the name of the person living in the premises? (If they cannot be contacted, give the name, address and telephone number of a relative or friend).

2. Are the premises rented?

- ☐ No
☐ yes – what is the name, address and telephone number of the landlord/managing agents

3. Was the landlord (or the managing agent for the premises) notified about the faults?

☐ Yes ☐ No

Part B

Some General details

1. When was the dangerous fitting found?

2. What was the address and postcode at which it was found?

Part D

About the dangerous gas fitting

1. What was the main fault?

- | | |
|--|---|
| <input type="checkbox"/> Gas leak | <input type="checkbox"/> Inadequate ventilation |
| <input type="checkbox"/> Inadequate flue | <input type="checkbox"/> Other |

2. What type of appliance was involved?

- | | |
|---|--|
| <input type="checkbox"/> Boiler | <input type="checkbox"/> Non-decorative fire |
| <input type="checkbox"/> Instant water heat | <input type="checkbox"/> Convactor |
| <input type="checkbox"/> Combined fire & boiler | <input type="checkbox"/> Cooking appliance |
| <input type="checkbox"/> Warm air unit | <input type="checkbox"/> Other appliance |
| <input type="checkbox"/> Decorative fire | |

3. What type of gas was involved?

- | | |
|--|------------------------------|
| <input type="checkbox"/> Mains gas (LPG/Air) | <input type="checkbox"/> LPG |
| <input type="checkbox"/> Other | |

4. Was the appliance:

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Flueless | <input type="checkbox"/> Room-sealed |
| <input type="checkbox"/> Open Flued | <input type="checkbox"/> Other (e.g. closed flue) |

5. Who last serviced the appliance (if known)

6. What date was the appliance installed (if known)?

7. Was the appliance bought second hand (if known)?

- ☐ No ☐ Yes ☐ Don't know

8. What is the name of the installer (if known)?

9. What is their address and postcode?

10. What is their telephone number?

Part E

Summary of the dangerous gas fitting

Please say how dangerous you consider it to be, and why, and what action you have taken to make things safe by repairing faults at the time, disconnecting the gas supply, or advising occupiers (or the landlord or managing agent for the property) of the faults you are reporting.

Part F

Your signature

Signature:

Date:

If returning by post/fax, please ensure this form is signed, alternatively, if returning by email please type your name in the signature box.

Where to send form

The States of Guernsey Health and Safety Executive
PO Box 469, Longue Rue, St Martins, Guernsey GY1 6AF

Continue below if necessary