

CERTIFICATE OF COMPLIANCE FOR SOLID FUEL APPLIANCE AND FLUE SYSTEM

PLEASE TICK APPROPRIATE BOXES OR ENTER DETAILS IN BOXES BELOW

Customers Name:		
Installation Address:		
Installation Address:		
Installation Address:		
Installation Address:		
Town:		
County:		
Installing Company Name:	Work Completion date	
Installing Engineer's Name:	Companies Vat No.	

Description of Work

Location:
 Lounge Dining Room Kitchen Utility Room Bedroom Other, Specify

Appliance: Dry Open Fire Open Fire with Boiler Dry Cooker Cooker with Boiler
 Dry Roomheater/Stove Roomheater/Stove with Boiler Independent Boiler

Make Model Heat Output Kw

System: New Heating and Hot Water System Updated Existing Heating and Hot Water System
 Dry System Only

If Wet System: Is the Hot Water System Unvented? Yes No

Chimney: New Insulated Factory Made Chimney System installed System Designation:

Relining of Existing chimney: Twin Wall Flexi Liner (for Class 1 Appliance) Cast In-situ Liner
 Ridged Sectional Liner Metal Ridged Sectional Liner Other

Hearth: New Hearth/Surround Fitted Existing Hearth/Surround Updated

Additional Information

Connecting fluepipes: Diameter mm Socket joints upward and gas tight:

Provision for sweeping chimney/fluepipes: Yes No Chimney Data Plate Location:

Air supply: Has a permanently open air vent been fitted: Yes No

Is the vent opening at least 50% of cross sectional area of throat/flue: Yes No

OR State total free area of air vent: mm²

If no please explain:

Confirm an approved Carbon Monoxide alarm has been fitted: Yes No

Appliance Operation and Fuel

Does the customer have a copy of the appliance user's manual: Yes No

What types of fuels can be burned in the appliance: _____

What types of fuel are **NOT** suitable for use in this appliance: _____

How many times per year is the appliance and flue system to be cleaned and inspected: _____

The end user/customer understands how to correctly operate the appliance: Yes No

The Installing engineer confirms that the flue system is clean and the appliance has been properly commissioned: Yes No

Testing & Commissioning to Section J of the Building Regulations

Confirm you have commissioned and tested the appliance & associated work for safe and efficient operation: Yes No

Confirm that you have installed the appliance and flue system as outline in the manufacturer's instructions: Yes No

Declaration of completion As the competent person responsible for the work described above, I confirm that the application and associated work has been installed in accordance with building regulations, and that the work complies with as such the appliance and flue system are fit for purpose and safe to operate.

Fitter signature: _____ Print Name: _____ Date: _____
 Customer signature: _____ Print Name: _____ Date: _____

THIS CERTIFICATE SHOULD BE RETAINED BY THE PROPERTY OWNER
 WHO MAY BE REQUIRED TO PRODUCE IT IN ANY FUTURE SALE OF THE PROPERTY