

GAS SAFETY CERTIFICATE



Client Name:

Reference or Job #: ICP (if known):

Location of installation: (enter an identifier such as registration number for relocatable installations)

Number & Street

Suburb

Town / City Postcode

Description of gasfitting work:

Parts of the gas installation to which this certificate applies:

All Part (specify below)

Date of connection or completion (if different from date of certifying connection):

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

By signing this document I confirm that the work described in this Gas Safety Certificate, and the installation or part installation is connected to a gas supply and is safe to use.

Certifier Signature:

Name of person authorised to certify the connection:

Registration number:

Certificate Issue Date:

Outline any additional information attached:

This Gas Safety Certificate confirms that the gasfitting work complies with the building code for the purposes of Section 19(1)(e) of the Building Act 2004.