

Gas Safety Checklist

Add reference number, e.g. invoice number or job card

Gas Safety Check

This inspection is for gas safety purposes only and is in accordance with the requirements of the Residential Tenancies Regulations 2021 and the Residential Tenancies (Rooming House Standards) Regulations 2012

Gasfitter contact details

Safety check completed by:	<<Business name>>	Inspection date:	
Name:	<<Type A Appliance Servicing Gasfitter's name>>	Licence/ registration no.:	
Business address:		Telephone:	

Note: It is an offence to perform Type A gas appliance servicing work without the required qualifications (refer to the Plumbing Regulations)

Property

Property type	<input type="checkbox"/> Rental property	<input type="checkbox"/> Rooming house	
Property address		Owner/ Rental provider/ Agent name:	
		Address:	
		Telephone:	

Authority to proceed (Owner/Rental provider/Agent): _____ Print name: _____ Signed: _____
Date: _____

Record observations, including burner pressures, and faults in the observations table below

Appliance 1 (location, type, make and model):			
Installation check	Yes	No	NA
Is the installation gastight in accordance with AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance and its components accessible for servicing and adjustment?	<input type="checkbox"/>	<input type="checkbox"/>	
Where required by AS/NZS5601.1 is an isolation valve provided at the inlet connection of the appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appliance and its installation electrically safe? (Note: Electrical safety is confirmed by checking the electrical supply is isolated, checking earth continuity, checking insulation resistance (where applicable) and using bonding straps if disconnecting an appliance)	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of certification? (AGA, SAI -Global, IAPMO, Global-Mark or BSI). (Record in the observations table if there is no evidence of certification).	<input type="checkbox"/>	<input type="checkbox"/>	
Where applicable are gas appliances including cookers adequately restrained from tipping over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the room ventilation adequate for the installed appliances? (consider installation and building date for applicable requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
Where visible are clearances from combustible surfaces in accordance with the installation instructions and AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the cowl, chimney plate or flue terminal in good condition and clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue adequately supported and correctly installed (i.e. terminal has correct clearance distance) and sealed at roof penetration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue, or its surroundings, clear of signs of scorching or overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance servicing (For guidance on servicing Type A gas appliances refer to AS4575):	Yes	No	NA
Where applicable is the heat exchanger in good condition (test for spillage of combustion products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the appliance been cleaned of dust and debris (e.g. burner, pilot, fan, filters, air intake)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas supply and burner operating pressures correct? (Note: All appliances must be operating)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance clean of dust and debris (e.g. burner, pilot, fan, filters, air intake)	<input type="checkbox"/>	<input type="checkbox"/>	
Are burner flames normal? (i.e. no evidence of flame lifting, floating, yellow tipping or sooting)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance operating correctly including safety devices such as pressure and temperature relief valves?	<input type="checkbox"/>	<input type="checkbox"/>	

Appliance 2 (location, type, make and model):			
Installation check	Yes	No	NA
Is the installation gastight in accordance with AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance and its components accessible for servicing and adjustment?	<input type="checkbox"/>	<input type="checkbox"/>	
Where required by AS/NZS5601.1 is an isolation valve provided at the inlet connection of the appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appliance and its installation electrically safe? (Note: Electrical safety is confirmed by checking the electrical supply is isolated, checking earth continuity, checking insulation resistance (where applicable) and using bonding straps if disconnecting an appliance)	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of certification? (AGA, SAI -Global, IAPMO, Global-Mark or BSI). (Record in the observations table if there is no evidence of certification).	<input type="checkbox"/>	<input type="checkbox"/>	
Where applicable are gas appliances including cookers adequately restrained from tipping over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the room ventilation adequate for the installed appliances? (consider installation and building date for applicable requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
Where visible are clearances from combustible surfaces in accordance with the installation instructions and AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the cowl, chimney plate or flue terminal in good condition and clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue adequately supported and correctly installed (i.e. terminal has correct clearance distance) and sealed at roof penetration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue, or its surroundings, clear of signs of scorching or overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Appliance servicing (For guidance on servicing Type A gas appliances refer to AS4575):	Yes	No	NA
Where applicable is the heat exchanger in good condition (test for spillage of combustion products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the appliance been cleaned of dust and debris (e.g. burner, pilot, fan, filters, air intake)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas supply and burner operating pressures correct? (Note: All appliances must be operating)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance clean of dust and debris (e.g. burner, pilot, fan, filters, air intake)	<input type="checkbox"/>	<input type="checkbox"/>	
Are burner flames normal? (i.e. no evidence of flame lifting, floating, yellow tipping or sooting)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance operating correctly including safety devices such as pressure and temperature relief valves?	<input type="checkbox"/>	<input type="checkbox"/>	

Appliance 3 (location, type, make and model):			
Installation check	Yes	No	NA
Is the installation gastight in accordance with AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance and its components accessible for servicing and adjustment?	<input type="checkbox"/>	<input type="checkbox"/>	
Where required by AS/NZS5601.1 is an isolation valve provided at the inlet connection of the appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appliance and its installation electrically safe? (Note: Electrical safety is confirmed by checking the electrical supply is isolated, checking earth continuity, checking insulation resistance (where applicable) and using bonding straps if disconnecting an appliance)	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of certification? (AGA, SAI -Global, IAPMO, Global-Mark or BSI). (Record in the observations table if there is no evidence of certification).	<input type="checkbox"/>	<input type="checkbox"/>	
Where applicable are gas appliances including cookers adequately restrained from tipping over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the room ventilation adequate for the installed appliances? (consider installation and building date for applicable requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
Where visible are clearances from combustible surfaces in accordance with the installation instructions and AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the cowl, chimney plate or flue terminal in good condition and clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue adequately supported and correctly installed (i.e. terminal has correct clearance distance) and sealed at roof penetration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue, or its surroundings, clear of signs of scorching or overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance servicing (For guidance on servicing Type A gas appliances refer to AS4575):	Yes	No	NA
Where applicable is the heat exchanger in good condition (test for spillage of combustion products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the appliance been cleaned of dust and debris (e.g. burner, pilot, fan, filters, air intake)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas supply and burner operating pressures correct? (Note: All appliances must be operating)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance clean of dust and debris (e.g. burner, pilot, fan, filters, air intake)	<input type="checkbox"/>	<input type="checkbox"/>	
Are burner flames normal? (i.e. no evidence of flame lifting, floating, yellow tipping or sooting)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance operating correctly including safety devices such as pressure and temperature relief valves?	<input type="checkbox"/>	<input type="checkbox"/>	

Appliance 4 (location, type, make and model):			
Installation check	Yes	No	NA
Is the installation gastight in accordance with AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance and its components accessible for servicing and adjustment?	<input type="checkbox"/>	<input type="checkbox"/>	
Where required by AS/NZS5601.1 is an isolation valve provided at the inlet connection of the appliance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appliance and its installation electrically safe? (Note: Electrical safety is confirmed by checking the electrical supply is isolated, checking earth continuity, checking insulation resistance (where applicable) and using bonding straps if disconnecting an appliance)	<input type="checkbox"/>	<input type="checkbox"/>	
Is there evidence of certification? (AGA, SAI -Global, IAPMO, Global-Mark or BSI). (Record in the observations table if there is no evidence of certification).	<input type="checkbox"/>	<input type="checkbox"/>	
Where applicable are gas appliances including cookers adequately restrained from tipping over?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the room ventilation adequate for the installed appliances? (consider installation and building date for applicable requirements)	<input type="checkbox"/>	<input type="checkbox"/>	
Where visible are clearances from combustible surfaces in accordance with the installation instructions and AS/NZS5601.1?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the cowl, chimney plate or flue terminal in good condition and clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue adequately supported and correctly installed (i.e. terminal has correct clearance distance) and sealed at roof penetration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where applicable is the flue, or its surroundings, clear of signs of scorching or overheating?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appliance servicing (For guidance on servicing Type A gas appliances refer to AS4575):	Yes	No	NA
Where applicable is the heat exchanger in good condition (test for spillage of combustion products)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has the appliance been cleaned of dust and debris (e.g. burner, pilot, fan, filters, air intake)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gas supply and burner operating pressures correct? (Note: All appliances must be operating)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance clean of dust and debris (e.g. burner, pilot, fan, filters, air intake)	<input type="checkbox"/>	<input type="checkbox"/>	
Are burner flames normal? (i.e. no evidence of flame lifting, floating, yellow tipping or sooting)	<input type="checkbox"/>	<input type="checkbox"/>	
Is the appliance operating correctly including safety devices such as pressure and temperature relief valves?	<input type="checkbox"/>	<input type="checkbox"/>	

LP Gas cylinder and associated components (where applicable)	Yes	No
Are cylinders installed on a firm, level and non-combustible base, and not resting on soil?	<input type="checkbox"/>	<input type="checkbox"/>
Are LP Gas cylinders suitably restrained and have compliant clearances?	<input type="checkbox"/>	<input type="checkbox"/>
Are hoses, pigtail and fittings in good condition and not degraded or work hardened?	<input type="checkbox"/>	<input type="checkbox"/>
Are pressure regulators correctly fitted, orientated, set and complete?	<input type="checkbox"/>	<input type="checkbox"/>

Combustion spillage from open flued and room sealed appliances

(Refer to ESV Gas Information Sheet 38 and AS 4575)

Before proceeding with combustion product spillage testing ensure the appliance is clean and operating in accordance with the manufacturer's requirements.

Combustion products readings should be recorded in the observations table

Appliance 1 (location, type, make and model):		
Negative pressure test (open flued appliances only) - Was there a negative pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spillage test - Was there spillage of combustion products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance 2 (location, type, make and model):		
Negative pressure test (open flued appliances only) - Was there a negative pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spillage test - Was there spillage of combustion products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Appliance 3 (location, type, make and model):		
Negative pressure test (open flued appliances only) - Was there a negative pressure?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spillage test - Was there spillage of combustion products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Dangerous gas installations

Gas Safety (Gas Installation) Regulations 2018, Part 3, Division 3, Section 21

1. If a person carrying out gasfitting work on a gas installation becomes aware of a danger arising from a defect in the gas installation, the person must without delay—
 - a) take all steps that are necessary to make the installation safe; and
 - b) notify the owner of the gas installation and the occupier of the premises in which the installation is situated of the defect.
2. Sub regulation (1)(a) does not apply if the person is unable, or it is unreasonable for the person, to take the necessary steps to make the gas installation safe.
3. If the person carrying out the gasfitting work is unable, or it is unreasonable for the person, to make the gas installation safe, he or she must, without delay, notify Energy Safe Victoria and—
 - a) if the gas installation uses natural gas, the gas distribution company which supplies that gas to the gas installation of the defect; or
 - b) if the gas installation uses LPG, the gas retailer which supplies that gas to the gas installation of the defect.

Observations and identification of faults

Details of observations and identified faults <i>Note: Include reference to a Compliance Certificate number if applicable</i>	Remedial action to be taken

Declaration

I, being the person responsible for the inspection of the identified gas appliances or installations in the rental property or rooming house, particulars of which are described here, having exercised reasonable skill and care when carrying out the inspection, hereby declare on the date of inspection that the information in this report, including the observations and recommendations, provides an accurate assessment of the condition of the gas appliances or installations in the rental property or rooming house taking into account the stated extent of the installation and the limitations of the inspection and testing.

I further declare that in my judgment, the said appliance(s) and corresponding installation(s) is/are:

- Compliant** – gas appliance or gas installation complies with the criteria for a “gas safety check” in the residential tenancies regulations
- Non-compliant** – no immediate risk, however the customer should be advised that remedial work is required to be carried out to bring the gas appliance or its installation up to standard.
- Unsafe** – gas appliance or its installation is unsafe and requires disconnection and urgent work as the safety of persons may be at risk or there may be damage to property

Signed by gasfitter:

Next gas safety check is due within 24 months. Next gas safety check due: