GASFITTING CERTIFICATE OF COMPLIANCE - GAS SAFETY CERTIFICATE Certificate of Compliance: **Client Name:** Reference / Job #: ICP (if known): Address of work: Suburb: Town / City: Description of gasfitting work: (If different gasfitting work was done by different people, state who did what gasfitting.) Gas supply pressure kPa **Risk classification** (tick one) Low-Risk General High-risk Gas type (tick one) Natural gas ☐ LPG Biogas Other (specify) The work has been done in accordance with a certified design: If yes – identify the certified design including name, date and version. Also attach a copy of the certified design to this certificate. (Or provide reference to readily accessible electronic format, eg Internet link.) Identify: Link: The work relies on manufacturer's instructions: ☐ No Yes: If yes – identify the instruction manual including name, date and version. Also attach a copy of manufacturer's instructions to this certificate. (Or provide reference to readily accessible electronic format, eg Internet link.) Identify: Link: The work has been done in accordance with means of compliance (specify): Yes – AS/NZS 5601.1 sections 3 to 6 Yes – AS/NZS 5601.2 sections 3 to 9 □ No Were any other standards or gas code of practice required for compliance? ☐ No Yes (specify) Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply? Parts (specify) Date(s) on which the work was done: Name and registration number of anyone who carried out work under supervision: By signing this document I confirm that I am satisfied that the work described in this certificate of compliance has been done lawfully and safely, and that the information on this certificate is correct. Certifier name: Registration number: Certifier Date: Signature: **Gas Safety Certificate:** 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. Name of person authorised to certify the connection: Date of completion or connection Registration number: **Certifier Signature:** Date:

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.