



# 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:

Tested existing gas installation at 4.05kPa, sound. General inspection of gas fire installation, all fit to code and compliance.

Parts of the gas installation to which this certificate applies: Parts (specified below)

Gas Installation Inspection & Test

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

29/03/2023

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

Lance Howard - 27192

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.