

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.)

Installation of a Rinnai A26 external instantaneous water heater

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: ☒ Yes ☐ No

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?

☐ Yes (specify) ☒ No

Parts of the gas installation to which this certificate relates that are safe to connect to a gas supply?

☒ All ☐ 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 Signature:

Date:

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:

Registration number:

Date of completion or connection

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.