File Ref. : EMSD/GSD-B/

**Testing and Examination of LPG Vaporiser (Form 107)**

**under Part IV of Gas Safety (Gas Supply) Regulations, Cap. 51**

To : The Gas Authority

Address of Notifiable Gas Installation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Part 1: Details of Vaporiser:

|  |  |
| --- | --- |
| Make & Model:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Serial Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date of Manufacture:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Vaporising Capacity (kg/hr):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Design Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Pressure Relief Valve:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Part 2: Hydraulic Test Details: (Date of Testing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |
| --- | --- |
| Design Pressure (kPa):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Duration of Test (hr):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Test Pressure (kPa):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Test Result:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Part 3: Functional Test Details: (Date of Testing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

|  |  |  |
| --- | --- | --- |
| **Test description** | **Result**  **(Pass / Fail / Not Applicable)** | **Remark** |
| Temperature controls |  |  |
| Water level controls  (Water bath type) |  |  |
| Device preventing liquid pass through |  |  |

Test carried out by Gas Systems Contractor & RGI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certified by Class 1a Competent Person:

I certify that the LPG vaporiser(s) installed at the above premises has satisfactorily been tested and examined under my supervision in accordance with the Gas Standards Office’s requirements in order to comply with Part IV of the Gas Safety (Gas Supply) Regulations.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_