



# SERVICE RECORD

It is recommended that your heating system is serviced regularly and that the appropriate Service Record is completed.

## Service Provider

Before completing the appropriate Service Record below, please ensure you have carried out the service as described in the manufacturer's instructions.

Always use the manufacturer's specified spare part when replacing controls.

### SERVICE 1      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 2      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 3      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 4      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 5      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 6      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 7      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 8      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 9      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

### SERVICE 10      Date

Energy Efficiency Checklist completed? Yes  No

Engineer Name \_\_\_\_\_

Company Name \_\_\_\_\_

Telephone Number \_\_\_\_\_

Gas Safe Register Number \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_