

## G10 - RGI Inspection/Audit Report for New Installations & Existing Installations/Safety Checks

RGI Name:		RGI No:		Order Number:		Inspector:		Date:	
Address/Eircode:				Cert No:		Inspection Type:		Fuel Type:	
<b>If LPG:</b>	Bulk Tank <input type="checkbox"/>	Underground Tank <input type="checkbox"/>	Propane Cylinder/s (box)	Butane Cylinder <input type="checkbox"/>	Metered Estate <input type="checkbox"/>	LPG3P Estate <input type="checkbox"/>			
<b>If NG:</b>	Low Pressure <input type="checkbox"/>	Medium Pressure <input type="checkbox"/>	If LAV:	Holiday Home/Caravan <input type="checkbox"/>	Motor Home <input type="checkbox"/>	Prefab/POD/Other <input type="checkbox"/>			

1. Test Equipment Audit - (G11)			2. Documentation Audit - (G11)		
<ul style="list-style-type: none"> <li>• U Gauge/J Gauge <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Digital Manometer <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Dial Gauge <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Flue Gas Analyser/Calibrated <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Aspirator/Test Kit <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Leak Detection Fluid <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Smoke Matches <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Smoke Pellets <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Multi-Meter <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Meter Continuity Leads <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> </ul> <p>* Section 1 Penalty Points Total:</p>	<ul style="list-style-type: none"> <li>• ID Card <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• IS 813 (Latest Version). <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Declaration of Conformance <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Notification of Hazard <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Extended Flue Warning Notice <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Electrical Advisory Notice <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• CSSST Accredited Training <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• PE Accredited Training <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Press Fitting Accredited Training <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> <li>• Multilayer Accredited Training <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A</li> </ul> <p>* Section 2 Penalty Points Total:</p>				
<b>3. Pressure &amp; Testing</b> <u>Natural Gas &amp; LPG</u>	1. Let-by Test OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 2. Soundness Test OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 3. Standing Pressure OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 4. Working Pressure OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 5. LPG Intermediate Pipework Test OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>*Section 3 Penalty Points Total:</p>	<b>Code:</b>		
<b>4. Pipework &amp; Valves</b> <u>Natural Gas &amp; LPG</u>	6. Visible Pipework OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 7. Pipework Location OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 8. Adequately Bracketed <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 9. Properly Sleeved <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 10. Correctly Sized <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 11. Cylinder Location OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 12. UPSO/OPSO/Changeover/Pigtails OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 13. 1st/2nd Stage Regulator OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>*Section 4 Penalty Points Total:</p>	<b>Code:</b>		
<b>5. Electrical</b> <u>Minor Works</u>	14. Safe Isolation Demonstrated <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 15. Visual Wiring Check OK <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 16. Gas Supply Earth Bonded <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 17. 3 amp fused, 2 or 3 Pole Switch Fitted <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 18. Wired to Manufacturers Specifications <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 19. Equipotential Bonding Present <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A 20. CO Alarm Fitted/Operating <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <p>*Section 5 Penalty Points Total:</p>	<b>Code:</b>		

<b>6. CH Boiler</b> <i>Manufacturer's Instructions</i>	21. Location OK 22. Ventilation Satisfactory 23. Visual Flue Inspection Satisfactory 24. Flue Integrity Test OK 25. High Fire Test OK 26. Low Fire Test OK 27. Condense Arrangement OK 28. Inlet Pressure/Burner Pressure OK 29. Appliance Rating OK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <table border="1" style="width:100%; height: 50px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <b>*Section 6 Penalty Points Total:</b>							<b>Code:</b>
<b>7. Hob/Oven/ Cooker</b> <i>Flueless Appliance/s</i>	30. Isolation Valve Fitted 31. CO Alarm Fitted 32. Ventilation Adequate 33. Burner FFD's Operating OK	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <table border="1" style="width:100%; height: 40px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <b>*Section 7 Penalty Points Total:</b>				<b>Code:</b>			
<b>8. Gas Fire</b> <i>(DFE/LFE/BF/FF)</i>	34. Room Volume OK 35. Ventilation Adequate 36. Spillage Test Satisfactory 37. Smoke Test Satisfactory 38. ASD Operating OK 39. Cowl/Bird Cage Fitted 40. CO Alarm Fitted/Operating 41. Isolation Valve Fitted	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <table border="1" style="width:100%; height: 50px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <b>*Section 8 Penalty Points Total:</b>						<b>Code:</b>	
<b>9. Other Appliance</b> <i>Flueless Gas Fire Tumble Dryer</i>	42. Room Volume OK 43. Ventilation Adequate 44. Flue Test Satisfactory 45. Flue Termination OK 46. ASD Operating OK 47. CO Alarm Fitted/Operating 48. Isolation Valve Fitted	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	<b>Non-Conformance and Rectification:</b> <table border="1" style="width:100%; height: 50px;"> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </table> <b>*Section 9 Penalty Points Total:</b>						<b>Code:</b>	
<b>10. Installer Evaluation - G22</b>										
	<b># Penalty Points Red:</b>									
	<b># Penalty Points Orange:</b>									
	<b># Penalty Points Lemon:</b>									
	<b># Penalty Points Equipment:</b>									
	<b># Penalty Documentation:</b>									
			* Follow-up Inspection: <input type="checkbox"/> Y <input type="checkbox"/> N * Training Recommended: <input type="checkbox"/> Y <input type="checkbox"/> N * Escalated to Advisory Panel: <input type="checkbox"/> Y <input type="checkbox"/> N * Notification of Hazard Issued: <input type="checkbox"/> Y <input type="checkbox"/> N ~ If Yes NOHZ Number:							
<b>Overall Audit Evaluation (tick only one box as applicable)</b>										
<b>CODE RED:</b> YES <input type="checkbox"/>	<b>CODE ORANGE:</b> YES <input type="checkbox"/>	<b>CODE LEMON:</b> YES <input type="checkbox"/>	<b>CODE GREEN:</b> YES <input type="checkbox"/>							
(Unsafe/At Risk)	(Non-Conformance to Standard)	(Minor Non-Conformance)	(Pass/Satisfactory)							