

## On The Job Training Portfolio:

|                                                                                                                                                                                                                         |                    |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------|
| <b>Trainee Name:</b> _____                                                                                                                                                                                              | <b>Date:</b> _____ | <b>Hours:</b> _____ |
| <b>Job Address:</b> _____                                                                                                                                                                                               |                    |                     |
| <b>Work Type:</b> Service <input type="checkbox"/> Install <input type="checkbox"/> Fault / Repair <input type="checkbox"/> other _____                                                                                 |                    |                     |
| <b>Manufacturers Make and Model:</b> _____                                                                                                                                                                              |                    |                     |
| <b>Appliance Type:</b> Boiler <input type="checkbox"/> Fire <input type="checkbox"/> Cooker <input type="checkbox"/> W/Heater <input type="checkbox"/> Warm Air <input type="checkbox"/> Other <input type="checkbox"/> |                    |                     |
| <b>Gas Pipework:</b> Visual Inspection Pass <input type="checkbox"/> Tightness Test Pass <input type="checkbox"/> Meter Type _____                                                                                      |                    |                     |
| <b>Flue Type:</b> Open <input type="checkbox"/> R/Sealed <input type="checkbox"/> Flueless <input type="checkbox"/> Visual Inspection Pass <input type="checkbox"/>                                                     |                    |                     |
| <b>Flue Test:</b> N/A <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/> <b>Spillage:</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail <input type="checkbox"/>        |                    |                     |
| <b>Ventilation:</b> N/A <input type="checkbox"/> Installed and Correct <input type="checkbox"/> Installed but Incorrect <input type="checkbox"/>                                                                        |                    |                     |
| <b>Operating / Burner Pressure:</b> Inlet Pressure _____ mb Burner Pressure _____ mb                                                                                                                                    |                    |                     |
| <b>Heat Input / Gas Rate:</b> _____ <b>Flue Gas Analysis Ratio or CO2</b> _____ Pass / Fail                                                                                                                             |                    |                     |
| <b>Safety Controls:</b> FSD <input type="checkbox"/> Type and test time: _____                                                                                                                                          |                    |                     |
| ASD <input type="checkbox"/> Regulator <input type="checkbox"/> Thermostat <input type="checkbox"/> Multi Funcion Control <input type="checkbox"/>                                                                      |                    |                     |
| Gas Taps <input type="checkbox"/> Solenoids <input type="checkbox"/> Igniters <input type="checkbox"/> Fan Pressure Switch <input type="checkbox"/>                                                                     |                    |                     |
| Lid Safety Device <input type="checkbox"/> Cooker Thermostat Bypass <input type="checkbox"/> Other <input type="checkbox"/>                                                                                             |                    |                     |
| Is the appliance safe for continued use? <input type="checkbox"/> Private <input type="checkbox"/> Landlord <input type="checkbox"/> Other <input type="checkbox"/>                                                     |                    |                     |
| <b>Detail of Work Carried Out:</b> Photograph Code Numbers ** _____                                                                                                                                                     |                    |                     |
| <b>Actions Taken, as a result of defects found:</b>                                                                                                                                                                     |                    | <b>Give Detail:</b> |
| Unsafe Category Used?                                                                                                                                                                                                   | ID / AR / NCS      |                     |
| Has the appliance been labeled?                                                                                                                                                                                         | YES / NO           |                     |
| Turned Off or Capped Off?                                                                                                                                                                                               | T.Off / C.Off      |                     |
| Form filled in and signed                                                                                                                                                                                               | YES / NO           |                     |
| Has HSE / RIDDOR been Contacted                                                                                                                                                                                         | YES / NO           |                     |

|                                           |                                    |
|-------------------------------------------|------------------------------------|
| <b>Gas Safe Engineer Name:</b> _____      | <b>Engineer`s Signature:</b> _____ |
| <b>Engineer Registration Number</b> _____ | <b>Date Completed:</b> _____       |

**Trainee Signature** \_\_\_\_\_ **Training Centre Checked by:** \_\_\_\_\_

\*\* Please take and attach photographs of the work undertaken. Code the photos and include in Details of work