

DOMESTIC PREMISES GAS INSTALLATION DECLARATION OF CONFORMANCE FOR NEW INSTALLATIONS OR EXISTING INSTALLATIONS REQUIRING A SUPPLY OF GAS AND/OR NEW METER FIT



CERT
1

PART I

Please complete in BLOCK CAPITALS



No. SN

LOCATION OF PREMISES REQUIRING SUPPLY

GPRN

EIRCODE

ADDRESS _____

CUSTOMER NAME _____

TEL. NO. _____

NAT GAS L P GAS

New Exist Annex E

ALL DETAILS REQUESTED MUST BE PROVIDED. ONLY THE REGISTERED GAS INSTALLER (RGI) RESPONSIBLE FOR CARRYING OUT THE INSTALLATION & TESTS CAN SIGN THIS DECLARATION. GAS WILL BE SUPPLIED TO THIS PREMISES ONLY ON RECEIPT OF THIS DECLARATION

OWNER OF PREMISES DETAILS

EIRCODE

ADDRESS _____

CUSTOMER NAME _____

TEL. NO. _____

Appliances Installed
Appliance Flue Type

Central Heating

Open R.Seal

Fire Flueless

Open R.Seal

Other _____

Open R.Seal

Cooker

Hob

Pipework Material: Copper CSST Other

APPLIANCE LOCATION CORRECT FLUE INSPECTED AND ADEQUATE

ADEQUATE PERMANENT VENTILATION SOUNDNESS TEST PASS

**DECLARATION OF
INSTALLATION
SAFETY &
CONFORMITY
PRIOR TO SUPPLY
OF GAS**

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO; (Please sign appropriate statement)

"PRE-CONSTRUCTION"

- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES WILL BE MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 FOR INSTALLING & TESTING OF THE INSTALLATION PIPEWORK WILL BE MET
- THAT COMMISSIONING SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF I.S. 813/I.S. EN 1949
- THAT THE INSTALLATION PIPEWORK WILL BE SOUND
- THAT THE INSTALLATION AT THIS PREMISES WILL BE SAFE TO BE SUPPLIED WITH GAS.

"POST-CONSTRUCTION"

- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES HAVE BEEN MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
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- THAT THE INSTALLATION PIPEWORK IS SOUND
- THAT THE INSTALLATION AT THIS PREMISES IS SAFE TO BE SUPPLIED WITH GAS.

RGI Signed: _____ Issue Date: _____

RGI Name: _____
BLOCK CAPITALS

RGI Number: RGI Tel No: _____

Company Number: Trainee Number:

Trainee Signature: _____

RGI Signed: _____ RGI Number:

RGI Name: _____
BLOCK CAPITALS

Date of Test: _____ Issue Date: _____

PART II

COMMISSIONING DECLARATION

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO;

- THAT ALL MANUFACTURERS' REQUIREMENTS & ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 FOR THE CONSTRUCTION, COMMISSIONING, TESTING & PUTTING INTO SERVICE OF THE ABOVE APPLIANCES HAVE BEEN MET
- THAT A WRITTEN OPERATING INSTRUCTION HAS BEEN PROVIDED WITH EACH APPLIANCE
- THAT THE CUSTOMER WAS INSTRUCTED IN THE SAFE USE AND OPERATION OF THE APPLIANCES.

FLUE GAS ANALYSIS: Co ppm Co₂ % Co/Co₂ Ratio

RGI Signed: _____ RGI Number: Commissioning Date: _____

**DECLARATION OF APPLIANCE
COMMISSIONING
SAFETY &
CONFORMITY
AFTER SUPPLY
OF GAS**

NOTE: THIS DOCUMENT IS A COMPLETION CERTIFICATE FOR THE PURPOSE OF THE ENERGY (MISCELLANEOUS PROVISIONS) ACT 2006


**HOUSEHOLDER
IMPORTANT
SAFETY
INFORMATION
PLEASE READ
CAREFULLY**

THIS DECLARATION CONFIRMS TO YOU THE HOUSEHOLDER AND TO YOUR GAS SUPPLIER / NETWORK OPERATOR, THAT THIS INSTALLATION IS SAFELY INSTALLED IN CONFORMANCE WITH IRISH STANDARD 813 "DOMESTIC GAS INSTALLATIONS"/I.S. EN 1949 LPG LEISURE ACCOMMODATION VEHICLES.

THE PERSON WHO ISSUES THIS DECLARATION ACCEPTS SOLE RESPONSIBILITY FOR ITS ACCURACY.

AFTER COMMISSIONING, THE SAFE OPERATION AND MAINTENANCE OF THIS INSTALLATION FROM THE METER OR LPG CYLINDERS/TANK VALVE INWARDS IS THE SOLE RESPONSIBILITY OF THE HOUSEHOLDER.

GAS APPLIANCES SHOULD BE SERVICED ANNUALLY. FOR THE SAFE AND EFFICIENT OPERATION OF YOUR APPLIANCES PLEASE REFER TO APPLIANCE USER INSTRUCTIONS.

FOR YOUR REASSURANCE AND SAFETY PLEASE ENSURE YOU ARE ABLE TO OPERATE THE **EMERGENCY SHUT OFF VALVE WHICH IS LOCATED AT**  / GAS METER

COPIES: **WHITE** – CUSTOMER **YELLOW** – ON SITE FOR GAS SUPPLIER/NETWORK OPERATOR **PTO** 

GREEN – RETURN TO RGI **BLUE** – COPY FOR YOUR RECORDS

HOUSEHOLDER IMPORTANT SAFETY DOCUMENT

Your Registered Gas installer has issued you with this document, declaring that your gas pipe work and appliances have been installed tested and commissioned in compliance with
**IRISH STANDARD 813 “DOMESTIC GAS INSTALLATIONS”/I.S. EN 1949
LEISURE ACCOMMODATION VEHICLES**
prior to handing the installation over to you.

NOTE: PART I OF THIS DECLARATION OF CONFORMANCE MAY NOT IN ALL CASES BE VALIDATED BY THE NETWORK OPERATOR OR GAS SUPPLIER.

PLEASE RETAIN THIS DOCUMENT IN A SAFE PLACE.

The Register of Gas Installers (RGI) is operated by:
REGISTER of GAS INSTALLERS of IRELAND (RGII)
UNIT 9 KCR INDUSTRIAL ESTATE
RAVENSDALE PARK
KIMMAGE, DUBLIN 12

D I 2 E 9 5 8

Tel 1850 454 454
or visit www.rgii.ie

**IT IS NOW A LEGAL REQUIREMENT TO BE REGISTERED IN ORDER
TO UNDERTAKE GAS WORK.**

Irish Standard 813 “Domestic Gas Installations”/I.S. EN 1949 Specification for the installation of LPG systems for habitation purposes in leisure accommodation vehicles and accommodation purposes in other vehicles is published by the **National Standard Authority of Ireland (NSAI)**, 1 Swift Square, Northwood, Santry, Dublin 9, **D 0 9 A 0 E 4**. Email: info@standards.ie

DOMESTIC PREMISES GAS INSTALLATION DECLARATION OF CONFORMANCE FOR NEW INSTALLATIONS OR EXISTING INSTALLATIONS REQUIRING A SUPPLY OF GAS AND/OR NEW METER FIT



PART I

Please complete in BLOCK CAPITALS

S No. SN

LOCATION OF PREMISES REQUIRING SUPPLY

GPRN

EIRCODE

ADDRESS

CUSTOMER NAME

TEL. NO.

NAT GAS L P GAS

New Exist Annex E

ALL DETAILS REQUESTED MUST BE PROVIDED. ONLY THE REGISTERED GAS INSTALLER (RGI) RESPONSIBLE FOR CARRYING OUT THE INSTALLATION & TESTS CAN SIGN THIS DECLARATION. GAS WILL BE SUPPLIED TO THIS PREMISES ONLY ON RECEIPT OF THIS DECLARATION

OWNER OF PREMISES DETAILS

EIRCODE

ADDRESS

CUSTOMER NAME

TEL. NO.

Appliances Installed

Appliance Flue Type

Central Heating

Open R.Seal

Fire Flueless

Open R.Seal

Other

Open R.Seal

Cooker

Hob

Pipework Material: Copper CSST Other

APPLIANCE LOCATION CORRECT **FLUE INSPECTED AND ADEQUATE**

ADEQUATE PERMANENT VENTILATION **SOUNDNESS TEST PASS**

**DECLARATION OF
INSTALLATION
SAFETY &
CONFORMITY
PRIOR TO SUPPLY
OF GAS**

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO; (Please sign appropriate statement)

- “PRE-CONSTRUCTION”**
- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES WILL BE MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
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 - THAT COMMISSIONING SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF I.S. 813/I.S. EN 1949
 - THAT THE INSTALLATION PIPEWORK WILL BE SOUND
 - THAT THE INSTALLATION AT THIS PREMISES WILL BE SAFE TO BE SUPPLIED WITH GAS.

- “POST-CONSTRUCTION”**
- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES HAVE BEEN MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
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 - THAT THE INSTALLATION PIPEWORK IS SOUND
 - THAT THE INSTALLATION AT THIS PREMISES IS SAFE TO BE SUPPLIED WITH GAS.

RGI Signed: Issue Date:

RGI Name:

BLOCK CAPITALS

RGI Number: RGI Tel No:

Company Number: Trainee Number:

Trainee Signature:

RGI Signed: RGI Number:

RGI Name:

BLOCK CAPITALS

Date of Test: Issue Date:

HOUSEHOLDER / INSTALLER IMPORTANT SAFETY DOCUMENT

Your Gas Supplier/Network operator will only supply Gas/fit meter when you provide this page of the Declaration of Conformance (Cert.). It must be signed by a Registered Gas Installer (RGI) and be available at the meter/gas supply point when the meter fitter/gas supplier calls to provide you with gas.

THIS DOCUMENT MUST BE COMPLETED BY AN RGI IN ORDER TO AVOID DELAYS IN THE SUPPLY OF GAS.

The installation must conform to IRISH STANDARD 813 “DOMESTIC GAS INSTALLATIONS”/I.S. EN 1949 LEISURE ACCOMMODATION VEHICLES

NOTE: PART I OF THIS DECLARATION OF CONFORMANCE MAY NOT IN ALL CASES BE VALIDATED BY THE NETWORK OPERATOR/GAS SUPPLIER.

PLEASE RETAIN THIS DOCUMENT IN A SAFE PLACE FOR COLLECTION BY THE NETWORK OPERATOR / GAS SUPPLIER.

COPIES: **WHITE** – CUSTOMER **YELLOW** – ON SITE FOR GAS SUPPLIER/NETWORK OPERATOR **GREEN** – RETURN TO RGII **BLUE** – COPY FOR YOUR RECORDS **PTO**

REASON FOR INVALIDATING DECLARATION OF CONFORMANCE FOR USE BY GAS SUPPLIER / NETWORK OPERATOR ONLY

REASON	ACTION REQUIRED
<input type="checkbox"/> INCORRECT METER POSITION	LEAVE DC CERT ON SITE
<input type="checkbox"/> DAMAGED METER BOX	LEAVE DC CERT ON SITE
<input type="checkbox"/> INSTALLER NOT IDENTIFIED	LEAVE DC CERT ON SITE
<input type="checkbox"/> CERT NOT SIGNED BY RGI	LEAVE DC CERT ON SITE
<input type="checkbox"/> PREMISE ID TAG NOT FITTED (IF APPLICABLE)	LEAVE DC CERT ON SITE
<input type="checkbox"/> FAILED SOUNDNESS TEST	RECOVER DC CERT FOR RGII
<input type="checkbox"/> INCORRECT APPLIANCE LOCATION	RECOVER DC CERT FOR RGII
<input type="checkbox"/> INCORRECT FLUE CONFIGURATION	RECOVER DC CERT FOR RGII
<input type="checkbox"/> INADEQUATE VENTILATION	RECOVER DC CERT FOR RGII
<input type="checkbox"/> OTHER REASON	RECOVER DC CERT FOR RGII
<input type="checkbox"/> METER NOT FITTED/GAS NOT SUPPLIED	DC CERT LEFT ON SITE
<input type="checkbox"/> METER NOT FITTED/GAS NOT SUPPLIED	DC CERT RECOVERED FOR RGII

Comments:

GAS SUPPLIER/NETWORK FITTER NUMBER:

GAS SUPPLIER/NETWORK FITTER NAME: _____

Date: _____

Revisit Comments: _____ Date: _____

Gas Supplier/Network Fitter Name: _____ No.:

DOMESTIC PREMISES GAS INSTALLATION DECLARATION OF CONFORMANCE FOR NEW INSTALLATIONS OR EXISTING INSTALLATIONS REQUIRING A SUPPLY OF GAS AND/OR NEW METER FIT



PART I

Please complete in BLOCK CAPITALS

S No. SN

LOCATION OF PREMISES REQUIRING SUPPLY

GPRN

EIRCODE

ADDRESS

CUSTOMER NAME

TEL. NO.

NAT GAS **L P GAS**

New Exist Annex E

ALL DETAILS REQUESTED MUST BE PROVIDED. ONLY THE REGISTERED GAS INSTALLER (RGI) RESPONSIBLE FOR CARRYING OUT THE INSTALLATION & TESTS CAN SIGN THIS DECLARATION. GAS WILL BE SUPPLIED TO THIS PREMISES ONLY ON RECEIPT OF THIS DECLARATION

OWNER OF PREMISES DETAILS

EIRCODE

ADDRESS

CUSTOMER NAME

TEL. NO.

Appliances Installed

Appliance Flue Type

Central Heating Open R.Seal

Fire Flueless Open R.Seal

Other Open R.Seal

Cooker Hob

Pipework Material: Copper CSST Other

APPLIANCE LOCATION CORRECT **FLUE INSPECTED AND ADEQUATE**

ADEQUATE PERMANENT VENTILATION **SOUNDNESS TEST PASS**

DECLARATION OF INSTALLATION SAFETY & CONFORMITY PRIOR TO SUPPLY OF GAS

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO; (Please sign appropriate statement)

- “PRE-CONSTRUCTION”**
- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES WILL BE MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
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 - THAT COMMISSIONING SHALL BE IN ACCORDANCE WITH THE REQUIREMENTS OF I.S. 813/I.S. EN 1949
 - THAT THE INSTALLATION PIPEWORK WILL BE SOUND
 - THAT THE INSTALLATION AT THIS PREMISES WILL BE SAFE TO BE SUPPLIED WITH GAS.

- “POST-CONSTRUCTION”**
- THAT ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 & ALL MANUFACTURERS REQUIREMENTS FOR INSTALLING THE ABOVE APPLIANCES HAVE BEEN MET (IN AS FAR AS IS POSSIBLE IF PRIOR TO THE SUPPLY OF GAS)
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 - THAT THE INSTALLATION AT THIS PREMISES IS SAFE TO BE SUPPLIED WITH GAS.

RGI Signed: Issue Date:

RGI Name: BLOCK CAPITALS

RGI Number: RGI Tel No:

Company Number: Trainee Number:

Trainee Signature:

RGI Signed: RGI Number:

RGI Name: BLOCK CAPITALS

Date of Test: Issue Date:

PART II

COMMISSIONING DECLARATION

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO;

- THAT ALL MANUFACTURERS' REQUIREMENTS & ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 FOR THE CONSTRUCTION, COMMISSIONING, TESTING & PUTTING INTO SERVICE OF THE ABOVE APPLIANCES HAVE BEEN MET
- THAT A WRITTEN OPERATING INSTRUCTION HAS BEEN PROVIDED WITH EACH APPLIANCE
- THAT THE CUSTOMER WAS INSTRUCTED IN THE SAFE USE AND OPERATION OF THE APPLIANCES.

FLUE GAS ANALYSIS: Co ppm Co₂ % Co/Co₂ Ratio

RGI Signed: RGI Number: Commissioning Date:

DECLARATION OF APPLIANCE COMMISSIONING SAFETY & CONFORMITY AFTER SUPPLY OF GAS

NOTE: THIS DOCUMENT IS A COMPLETION CERTIFICATE FOR THE PURPOSE OF THE ENERGY (MISCELLANEOUS PROVISIONS) ACT 2006

HOUSEHOLDER IMPORTANT SAFETY INFORMATION PLEASE READ CAREFULLY

THIS DECLARATION CONFIRMS TO YOU THE HOUSEHOLDER AND TO YOUR GAS SUPPLIER / NETWORK OPERATOR, THAT THIS INSTALLATION IS SAFELY INSTALLED IN CONFORMANCE WITH IRISH STANDARD 813 "DOMESTIC GAS INSTALLATIONS"/I.S. EN 1949 LPG LEISURE ACCOMMODATION VEHICLES.

THE PERSON WHO ISSUES THIS DECLARATION ACCEPTS SOLE RESPONSIBILITY FOR ITS ACCURACY.

AFTER COMMISSIONING, THE SAFE OPERATION AND MAINTENANCE OF THIS INSTALLATION FROM THE METER OR LPG CYLINDERS/TANK VALVE INWARDS IS THE SOLE RESPONSIBILITY OF THE HOUSEHOLDER.

GAS APPLIANCES SHOULD BE SERVICED ANNUALLY. FOR THE SAFE AND EFFICIENT OPERATION OF YOUR APPLIANCES PLEASE REFER TO APPLIANCE USER INSTRUCTIONS.

FOR YOUR REASSURANCE AND SAFETY PLEASE ENSURE YOU ARE ABLE TO OPERATE THE **EMERGENCY SHUT OFF VALVE WHICH IS LOCATED AT** / GAS METER

COPIES: WHITE – CUSTOMER YELLOW – ON SITE FOR GAS SUPPLIER/NETWORK OPERATOR PTO
GREEN – RETURN TO RGI BLUE – COPY FOR YOUR RECORDS

**YOU MUST RETURN THIS COPY TO RGII
WITHIN 20 DAYS OF ISSUE**

Register of Gas Installer of Ireland (RGII)
Unit 9 KCR Industrial Estate
Ravensdale Park
Kimmage
Dublin 12

D	I	2	E	9	5	8
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DOMESTIC PREMISES GAS INSTALLATION DECLARATION OF CONFORMANCE FOR NEW INSTALLATIONS OR EXISTING INSTALLATIONS REQUIRING A SUPPLY OF GAS AND/OR NEW METER FIT



PART I

Please complete in BLOCK CAPITALS

S No. SN

LOCATION OF PREMISES REQUIRING SUPPLY

GPRN

EIRCODE

ADDRESS _____

CUSTOMER NAME _____

TEL. NO. _____

NAT GAS L P GAS

New Exist Annex E

ALL DETAILS REQUESTED MUST BE PROVIDED. ONLY THE REGISTERED GAS INSTALLER (RGI) RESPONSIBLE FOR CARRYING OUT THE INSTALLATION & TESTS CAN SIGN THIS DECLARATION. GAS WILL BE SUPPLIED TO THIS PREMISES ONLY ON RECEIPT OF THIS DECLARATION

OWNER OF PREMISES DETAILS

EIRCODE

ADDRESS _____

CUSTOMER NAME _____

TEL. NO. _____

Appliances Installed

Appliance Flue Type

Central Heating Open R.Seal

Fire Open Flueless R.Seal

Other _____ Open R.Seal

Cooker Hob

Pipework Material: Copper CSST Other

APPLIANCE LOCATION CORRECT **FLUE INSPECTED AND ADEQUATE**

ADEQUATE PERMANENT VENTILATION **SOUNDNESS TEST PASS**

**DECLARATION OF
INSTALLATION
SAFETY &
CONFORMITY
PRIOR TO SUPPLY
OF GAS**

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO; (Please sign appropriate statement)

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 - THAT THE INSTALLATION PIPEWORK IS SOUND
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RGI Signed: _____ Issue Date: _____

RGI Name: _____
BLOCK CAPITALS

RGI Number: RGI Tel No: _____

Company Number: Trainee Number:

Trainee Signature: _____

RGI Signed: _____ RGI Number:

RGI Name: _____
BLOCK CAPITALS

Date of Test: _____ Issue Date: _____

PART II

COMMISSIONING DECLARATION

I HEREBY DECLARE, UNDER MY SOLE RESPONSIBILITY & BEING COMPETENT TO DO SO;

- THAT ALL MANUFACTURERS' REQUIREMENTS & ALL REQUIREMENTS OF I.S. 813/I.S. EN 1949 FOR THE CONSTRUCTION, COMMISSIONING, TESTING & PUTTING INTO SERVICE OF THE ABOVE APPLIANCES HAVE BEEN MET
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- THAT THE CUSTOMER WAS INSTRUCTED IN THE SAFE USE AND OPERATION OF THE APPLIANCES.

FLUE GAS ANALYSIS: Co ppm Co₂ % Co/Co₂ Ratio

RGI Signed: _____ RGI Number: Commissioning Date: _____

**DECLARATION OF APPLIANCE
COMMISSIONING
SAFETY &
CONFORMITY
AFTER SUPPLY
OF GAS**

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IMPORTANT
SAFETY
INFORMATION
PLEASE READ
CAREFULLY**

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GAS APPLIANCES SHOULD BE SERVICED ANNUALLY. FOR THE SAFE AND EFFICIENT OPERATION OF YOUR APPLIANCES PLEASE REFER TO APPLIANCE USER INSTRUCTIONS.

FOR YOUR REASSURANCE AND SAFETY PLEASE ENSURE YOU ARE ABLE TO OPERATE THE **EMERGENCY SHUT OFF VALVE WHICH IS LOCATED AT** / GAS METER

COPIES: WHITE – CUSTOMER YELLOW – ON SITE FOR GAS SUPPLIER/NETWORK OPERATOR PTO
GREEN – RETURN TO RGI BLUE – COPY FOR YOUR RECORDS

INFORMATION FOR REGISTERED GAS INSTALLERS (RGI)

The Energy (miscellaneous provisions) Act 2006 Pr.3 S.13 (12) “where a registered gas installer carries out any gas works, the registered gas installer concerned shall issue the appropriate completion certificate to the person who requested the works to be carried out”.

Only a Register Gas Installer (RGI) is permitted to certify his/her own work or that of a Registered (RGI) Trainee under supervision.

All details on this Declaration of Conformance (Cert I) New Installations MUST be completed. This is important information as it denotes the Gas Work that was carried out and declares that work was carried out in accordance with the Standard for Domestic Gas Installations (I.S. 813)/I.S. EN 1949 Leisure Accommodation Vehicles.

The gas supplier/network operator will only supply gas/fit meter to an installation on receipt of a copy of an RGI declaration of conformance on site issued by a Registered Gas Installer (RGI). This version of a declaration is in two parts.

PART 1. PRIOR TO SUPPLY OF GAS

Before you fill in the form (New installations post-construction):

- The installation must be complete
- The pipe work must terminate close to the outlet of the meter/gas supply point
- Fit premise ID tag (where applicable)
- Any flues must be complete
- Any ventilators must be in place
(Even if the ventilators are fitted by another trade)
- Carry out a soundness test (I.S. 813 Paragraph 13.2/I.S. EN 1949)
 - Turn off all appliance valves
 - Pressurise pipe work to required pressure for test as per standard
 - Observe pressure gauge for required duration of test as per standard
 - No pressure drop allowed.

Complete Part 1 of this form,

- Leave yellow copy in meter box / with customer for collection by **gas supplier/network operator**.
- You must sign the appropriate statement on the declaration i.e. “pre-construction” or “post-construction”

PART 2. AFTER SUPPLY OF GAS

Before you fill in part 2 of the form:

- Connect installation pipework to the meter outlet pipe/gas supply point
- Carry out construction/commissioning soundness test as per required by I.S. 813/I.S. EN 1949
- When system passes soundness test open gas isolation valve
- Purge air from the pipe work
- Commission each appliance following manufacturer’s instructions
- Each open flue appliance must pass a smoke/spillage test with the appliance operating (I.S. 813 Paragraph 11.9.5/I.S. EN 1949)
- Remove “Awaiting Commissioning” labels if fitted
- Complete part 2 of this form (including location of isolation valve.)
- Hand over to householder;
 - This declaration (White copy)
 - Written instructions for each appliance installed
- You must return green copy of this declaration to RGI at address below **WITHIN 20 DAYS**.

COPIES OF DECLARATION OF CONFORMANCE

OR TECHNICAL ADVICE / CLARIFICATION OF THE STANDARD IS 813/I.S. EN 1949 AVAILABLE FROM:

REGISTER of GAS INSTALLERS of IRELAND (RGI)

UNIT 9 KCR INDUSTRIAL ESTATE, RAVENSDALE PARK, KIMMAGE DUBLIN 12,

D	I	2	E	9	5	8
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Tel 1 850 454 454

Copies of I.S. 813/I.S. EN 1949 available from

National Standard Authority Sales, National Standards Authority of Ireland

1 Swift Square, Northwood, Santry, Dublin 9, Ireland,

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Email: info@standards.ie Tel: 01 857 6730 Fax: 01 857 6729 www.standards.ie