

Serial No
LAB020724

MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD

This Safety Record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations.
Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.



Gas Safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 19755
 Registered Engineer's Name PETER LANGRIDGE
 Gas Safe Register Licence Number 5818329
 Business COLLINGTON CATERING
 Address SERVICES LTD
 Postcode LS22 7TW
 Contact No _____

Vehicle/Trailer Details

Vehicle or Trailer (please check relevant box)
 Chassis/Serial Number _____
 or _____
 Reg Number _____
 Trading Title PRIMROSE WEDDINGS + EVENTS LTD

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) HANM AIKMAN
 Address ARAM GRANGE FARM
ASENSBY
THIRSK
 Postcode YO7 3RD
 Contact No 07877 680322

Record Issued by: P.L. Langridge
 Signature: _____
 Print Name: PETER LANGRIDGE
 Received By: [Signature]
 Signature: _____
 Date: 3/3/26

	Appliance Type	Manufacturer	Model	Type of flue/chimney	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1	BBQ	CINDERS	TG160 T366016 <small>(Serial No. if required)</small>	OPEN	1BAR mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	BBQ	CINDERS	TG160 T303014 <small>(Serial No. if required)</small>	OPEN	1BAR mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	BBQ	CINDERS	TG160 T393014 <small>(Serial No. if required)</small>	OPEN	1BAR mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	BBQ	CINDERS	86/AS/550 00399 <small>(Serial No. if required)</small>	OPEN	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

	Visual condition off flue/chimney and termination <input checked="" type="checkbox"/>	Flue/Chimney operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? New 13/08/25 Yes No

Is the gas installation gas tight? Yes No

LPG Regulator operating pressure 37 mbar

LPG Regulator lock-up pressure 50 mbar

General safety

Is there a fire extinguisher(s) provided? Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.

Remedial Action Taken

ATTENTION

Next safety check due by:

LAB 020726

MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD

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Details of Registered Business

Gas Safe Register No 19755

Registered Engineer's Name PETER LANGRIDGE

Gas Safe Register Licence Number 5818329

Business COLLINGTON CATERING SERVICES LTD

Address _____

Postcode LS22 7TW

Contact No _____

Vehicle/Trailer Details

Vehicle or Trailer (please check relevant box)

Chassis/Serial Number KNOTT D-83125

or

Reg Number VE16 WMC

Trading Title PRIMROSE WEDDINGS + EVENTS LTD

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) ANDY AKMAN

Address ARAM GRANGE FARM
AGENZBY
THIRSK

Postcode YO7 3RD

Contact No 07877 680322

Record Issued by: P.L. Langridge

Signature: _____

Print Name: PETER LANGRIDGE

Received By: [Signature]

Signature: _____

Date: 3/3/26

	Appliance Type	Manufacturer	Model	Type of flue/chimney	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1	ROTISSERIE	ROTISOL	ECOMI-6 1-310812	OPEN	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	* Yes <input type="checkbox"/> No <input type="checkbox"/>
2	ROTISSERIE	ROTISOL	ECOMI-6 3-310812	OPEN	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	* Yes <input type="checkbox"/> No <input type="checkbox"/>
3	_____		Serial No (if required)		mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____		Serial No (if required)		mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Visual condition off flue/chimney and termination <input checked="" type="checkbox"/>	Flue/Chimney operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	* Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	* Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
2	* Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	* Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input checked="" type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? Yes No

Is the gas installation gas tight? Yes No

LPG Regulator operating pressure 37 mbar

LPG Regulator lock-up pressure 37 mbar

General safety

Is there a fire extinguisher(s) provided? Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified

GAS - PIG TAILS TO BE REPLACED
REGULATORS TO BE REPLACED
EXTRA DROP HOLES REQUIRED

GIUSP classification
e.g. AR, ID

Warning/Advice Record
insert form serial No.

Remedial Action Taken

* SSOV IN PLACE, HATCH OPEN BEFORE USE

ATTENTION

Next safety check due by:
WHEN WORKS COMPLETE

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Details of Registered Business

Gas Safe Register No 19755

Registered Engineer's Name PETER LANGRIDGE

Gas Safe Register Licence Number S818329

Business COLLINGHAM CATERING SERVICES LTD

Address _____

Postcode LS22 7TW

Contact No _____

Vehicle/Trailer Details

Vehicle or Trailer (please check relevant box)

Chassis/Serial Number _____

or

Reg Number _____

Trading Title PRIMROSE WEDDINGS + EVENTS LTD

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) ANNA ALKMAN

Address ARAM GRANGE FARM
ASENSBY
THIRSK

Postcode YO7 3RD

Contact No 07877 680322

Record Issued by: P. Langridge

Signature: _____

Print Name: PETER LANGRIDGE

Received By: [Signature]

Signature: _____

Date: 3/3/26

	Appliance Type	Manufacturer	Model	Type of flue/chimney	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1	HOG ROAST	SPITTING PIG	SPM423 67/11/1060	OPEN	37 mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	HOG ROAST	SPITTING PIG	SPM423 04/09/836	OPEN	37 mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
3	FRYER	PITCO	35C+S G3173028388	OPEN	37 mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	_____				mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Visual condition off flue/chimney and termination <input checked="" type="checkbox"/>	Flue/Chimney operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? NEW Yes No

Is the gas installation gas tight? Yes No

LPG Regulator operating pressure 37 mbar

LPG Regulator lock-up pressure 50 mbar

General safety

Is there a fire extinguisher(s) provided? Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.

Remedial Action Taken

ATTENTION

Next safety check due by:

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LAB 020728

MOBILE CATERING VEHICLE/TRAILER SAFETY RECORD



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Details of Registered Business

Gas Safe Register No 19755
 Registered Engineer's Name PETER LANGRIDGE
 Gas Safe Register Licence Number 5818229
 Business COLLINGTON CATERING SERVICES LTD
 Address _____
 Postcode LS22 7TW
 Contact No _____

Vehicle/Trailer Details

Vehicle or Trailer (please check relevant box)
 Chassis/Serial Number _____
 or
 Reg Number MV19 TAU
 Trading Title PRIMROSE WELDINGS + EVENTS LTD

Vehicle/Trailer Owner Details

Name (Mr/Mrs/Miss/Ms) ANNA HICKMAN
 Address ADAM GRANGE FARM
ASENBY
THIRSK
 Postcode YO7 3RN
 Contact No 07877 680322

Record Issued by:
 Signature: P. Langridge
 Print Name: PETER LANGRIDGE
 Received By: 3/3/26
 Signature: [Signature]
 Date: _____

	Appliance Type	Manufacturer	Model	Type of flue/chimney	Operating pressure	Operation of safety device(s) <input checked="" type="checkbox"/>	Ventilation satisfactory <input checked="" type="checkbox"/>
1	FRYER	COBRA	CF2 2360665	OPEN	25 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	RANGE	FALCON	G3101	OPEN	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	GRILL	FALCON	G1532	OPEN	37 mbar	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4	_____		_____	_____	_____ mbar	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

	Visual condition off flue/chimney and termination <input checked="" type="checkbox"/>	Flue/Chimney operation checks <input checked="" type="checkbox"/>	Appliance isolation valve fitted <input checked="" type="checkbox"/>	Is appliance secure <input checked="" type="checkbox"/>	Serviced <input checked="" type="checkbox"/>	Safe to use <input checked="" type="checkbox"/>
1	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
4	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Pass <input type="checkbox"/> Fail <input type="checkbox"/> NA <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Gas installation details

Is the LPG cylinder housing satisfactory? STRAPPED OUTSIDE Yes No NA

Is the ECV accessible, labelled and operable? Yes No

Is visible gas pipework including gas hoses satisfactory? Yes No

Is the gas installation gas tight? LOG 8 Yes No

LPG Regulator operating pressure 37 mbar

LPG Regulator lock-up pressure 50 mbar

General safety

Is there a fire extinguisher(s) provided? AMBIENT LOG 6,7,8 Yes No

Is a fire blanket provided? Yes No

Is the current safety record displayed? Yes No

Is 'Safe use of LPG information' displayed? Yes No

Any Defects Identified	GIUSP classification e.g. AR, ID	Warning/Advice Record insert form serial No.
<u>GRILL TO BE REMOVED + CAPPED OFF,</u>		

Remedial Action Taken

GAS BOTTLES MUST BE TRANSPORTED IN A SAFE HOUSING ACCESSIBLE FROM OUTSIDE WITH HIGH + LOW VENTS

ATTENTION

Next safety check due by: