

# Report of a dangerous gas fitting

## Explanatory notes

1. This form should be used to report to HSENI gas appliances and installations using either natural gas or liquefied petroleum gas (LPG) that have been examined or tested and regarded to be dangerous\*, but have not actually caused any injuries.
- \* To be regarded as "dangerous" there must be a serious fault in either the design or construction of the gas fitting (including any flueing or ventilation provided for appliances), or in the way the initial installation was carried out or later serviced or modified. The fault must be so serious that people are likely to suffer death, or major injury from the acute effects of carbon monoxide poisoning or the effects of fires or explosions following gas escapes.
2. Form NI2508G1 should be used to report actual incidents that have led to death or major injuries to gas consumers from the use of faulty installations.
3. Form NI2508 should be used to report any deaths or major injuries arising from the use of gas that involve persons whilst at work.

## Part A

### About you and your organisation

1. What is your Title / First name / Surname?

2. What is your telephone number?

3. What is your job title?

4. What is the name of your organisation?

5. What is its full address and postcode?

Property

Street

Locality

Town

County

Postcode

6. What is your E-mail address?

3. Are the premises rented?

No

Yes - details not known.

Yes, please enter the details of the landlord/  
managing agents.

Name

Property

Street

Locality

Town

County

Postcode

Telephone

4. Was the landlord (or the managing agent for the premises)  
notified about the faults?

No

Yes.

5. Did the incident happen in a building?

No

Yes - what type of building?

House

Flats (4 storeys or less)

Bungalow

Flats (more than 4 storeys)

Maisonette

Other

6. What type of room?

Kitchen

Lounge

Bathroom

Dining room

Bedroom

Other

7. Was the fault repaired at the time?

No

Yes

8. If not, was the situation made safe by disconnection, or  
contact with the providers emergency centre for them to  
disconnect?

No

Yes

## Part D

### Some general details

1. When was the dangerous gas fitting found?

Date:

Time:

Please use  
24-hour  
clock e.g. 07:30

(Please use format: dd/mm/yyyy)

2. What was the address and postcode at which it was found?

Property

Street

Locality

Town

County

Postcode

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## Part E

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### About the person

1. What was the name of the person living in the premises?  
(If they cannot be contacted, give the name address and telephone number of a relative or friend)

Title                      First name                      Surname

Property

Street

Locality

Town

County

Postcode

Telephone number

### Summary of the dangerous gas fitting

Please say how dangerous you consider it to be, and why, and what action you have taken to make things safe, e.g. by repairing faults at the time, disconnecting the gas supply, or advising occupiers (or the landlord or managing agent for the property) of the faults you are reporting. Continue on the next page, if required.

## Part D

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### About the dangerous gas fitting

1. What was the main fault?

Gas leak                      Inadequate ventilation

Inadequate flue                      Other

2. What type of appliance was involved?

Boiler                      Non-decorative fire

Instant water heater                      Convector

Combined fire and boiler                      Cooking appliance

Warm air unit                      Gas fitting/pipe work

Decorative fire                      Other

3. What type of gas was involved?

Natural gas                      LPG/Air

Liquefied petroleum gas (LPG)                      Other

4. Was the appliance?

Flueless                      Other (e.g. closed flue)

Open-flued                      Not applicable

Room-sealed

5. Was the appliance bought second hand (if known)?

No                      Yes

Don't know

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## Part G

About the servicing and installation of the  
appliance/gas fitting

Summary of the dangerous gas fitting (continue if  
necessary)

1. Do you know who last serviced the appliance?

No

Yes

2. Date:

(Please use format:  
dd/mm/yyyy)

3. Company:

Title

First name

Surname

Property

Street

Locality

Town

County

Postcode

Telephone number

4. Do you know who installed the appliance/gas fitting

No

Yes

5. Date:

(Please use format: dd/mm/yyyy)

6. Company:

Title

First name

Surname

Property

Street

Locality

Town

County

Postcode

Telephone number

## Part F

Your signature

Signature

Date

(Please use format: dd/mm/yyyy)

E-mail

address

Please note: this e-mail address will be used to acknowledge your form and for you to receive a copy.  
Please send this form to the Enforcing Authority where the incident occurred. If you do not know the  
Enforcing Authority, send it to:

Health and Safety Executive for Northern Ireland (HSENI)

83 Ladas Drive, Belfast. BT6 9FR

Or fax it to: 028 9023 5383 Or E-mail: [online@hse.gov.uk](mailto:online@hse.gov.uk)