

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 B

Some general details

1. When was the dangerous gas fitting found?

Date Time

(Please use format: dd/mm/yyyy) Please use 24-hour clock e.g. 07:30

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

Property

Street

Locality

Town

County

Postcode

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Part C

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

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

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

Liquified petroleum gas (LPG) Other

4. Was the appliance?

Flueless Other (e.g. closed fire)

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 E

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

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

No Yes

2. Date

(Please use format: dd/mm/yyyy)

3. Company

Title First name Surname

Property

Street

Locality

Town

County

Postcode

Telephone

Part F

Your signature

Signature

Date

(Please use format: dd/mm/yyyy)

Email 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 ni.gov.uk

For official use
Client Ref #

Workplace
Ref #

CMS Case
Ref #