Tasmania

Gas Act 2000
Gas (Safety) Regulations 2002

GAS FITTING NOTICE

0000000001

For office use only

WST Project No.: _ _ _ _

SAMPLE

Gas Consumer Details: (complete applicable)

Individual ☐ Sole Trader ☐ Partnership☐ Company ☐

Business / Individuals Name……...

ABN:☐☐ ☐☐☐ ☐☐☐ ☐☐☐ACN:☐☐☐ ☐☐☐ ☐☐☐ Phone No:…...……

Fax:…...…… Email:…….……... Site Contact:…….…

Address:…….

Town/Suburb:……. Post Code:…….…..

Postal Address (if not as above)……..

Details of Qualified Gasfitter

License Number:…….. …… Type: Natural Gas Or LP Gas:……..…….

Family Name:……Given Names:……...….……...

Working on Behalf of (employer):……...……. ABN:☐☐ ☐☐☐ ☐☐☐ ☐☐☐

Phone (W):……. Phone (M):…… Fax:……... Email:…….……

Address:……...

Postal Address (if not as above):……...……..

Notification of Gas Installation: (Tick appropriate boxes)

Gas Type
☐ Natural Gas
☐ LP Gas
☐ Other……

Installation Category
☐ Standard
☐ Complex *
☐ Prescribed Standard *

Appliance Details
☐ Type A ☐ Type B *
☐ Individual Certification
☐ New Appliances
☐ 2nd Hand Appliances

Installation Design Standard
☐ AG 601 / AS 5601
☐ AS/NZS 1596
☐ AG 501 / AS 3814
☐ Other……

Special Works
☐ Operates Above 200kpa *
☐ Hot Tap *

Installation Details
☐ New Installation
☐ Modification
☐ Conversion

Gas Distributor:…… **Date Gas On**: __/___/___ **NMI** # 57☐☐ ☐☐☐ ☐☐☐

Details of Work to be Undertaken:

Appliances Installed, Checked & Operating Safely: (only complete if Standard Installation)

AGA Number	Appliance Type	Make	Model	Quantity	MJ/Hr.	Serial Number

Statement of Compliance Sec. 77, Reg. 47 / Certificate of Compliance Sec. 66, Reg. 50 (Tick appropriate box)

☐ Statement of Compliance Sec. 77, Reg. 47 ☐ Certificate of Compliance Sec. 66, Reg. 50

I certify that this gas installation meets the requirements of the GAS ACT 2000 and the GAS (SAFETY) REGULATIONS 2002 and has been examined, tested, demonstrated and adjusted and it will be safe for gas to be made available to the customer.

Gasfitter's Signature:…… **Date: ___/___/___**