|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Job Reference:** |  | **Design Revision:** |  | |
| **Client:** |  | **Address:** |  | |
| **Principal Designer:** |  |  | |
| **Block/Riser Name:** |  | **Principal Contractor:** |  | |
| **Number of Stories:** |  | **Number of Flats inc. Commercial Supplies:** |  | |
| **Building Construction:** | Choose an item. |  |  | |
| **Location of Meters:** | Choose an item. | | |
| **Type of System:** | **Primary system type:** Choose an item. **Additional system type (if any):** N/A | | |
| **System Construction:** | Choose an item. | | |
| **Entry Type:** | Choose an item. | | |

**To be completed by Designer and authorised by Incorporated Engineer**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PRE-CONSTRUCTION INFORMATION** | | | | |
| **Risk – Meter Banks and Risers** | **Risk Considered and Assessed** | | | |
| **Yes** | **Mitigation/Assessment/Explanation** | **N/A** | **If N/A identify reason why** |
| 1. Risk of vandalism  *(Detail from owner, Local Authority, Site visit/survey)* |  |  |  |  |
| 1. Special considerations required based on occupancy type  *(e.g. Vulnerable population, sheltered accommodation etc.)* |  |  |  |  |
| 1. Special Consideration required based on building listing/height/conservation status? |  |  |  |  |
| 1. How is access made 24/7/365? *(FB1 Key availability, information from Local Authority, housing association, private residents/committees provided.)* |  |  |  |  |
| 1. Is pipe material, corrosion, and protective measures suitable to environment? |  |  |  |  |
| 1. Consideration of the usage of the areas where the gas installation is to be installed |  |  |  |  |
| 1. Proposed location of meters (specify location and any potential mitigation measures required). |  |  |  |  |
| 1. Location and means of escape have been considered against installation. *(check of drawings, to be marked up and confirmed with developer/building owner)* |  |  |  |  |
| 1. Below ground entries are sleeved and shorter than 2m in length. *(Identify length and reason if >2m penetration)* |  |  |  |  |
| 1. Use of thermal cut off (TCO) or excess flow valves (EFV) considered and identified on the design? |  |  |  |  |
| 1. Correct diversified load used for analysis? *(<10 properties in a riser cannot be diversified)* |  |  |  |  |
| 1. Is PIV located in an easily accessible location away from the building with minimal risk of being obstructed? |  |  |  |  |
| 1. Has a GIS/E/17:2018 compliant electrical insulation joint been installed? |  |  |  |  |
| 1. Ventilation is natural (direct) and not supported by mechanical means. *(Air is moved from space to outside directly)* |  |  |  |  |
| 1. Review of vehicle impact protection requirements? |  |  |  |  |
| **Risk – Risers** | **Risk Considered and Assessed** | | | |
| **Yes** | **Mitigation/Assessment/Explanation** | **N/A** | **If N/A identify reason why** |
| 1. Internal/external risers designed as per relevant standards IGEM/G/5 edition 3 and SGN/PM/RL/1? |  |  |  |  |
| 1. All valves installed as defined in SGN/PM/RL/1. Confirmation on GIS required for PIVs, all internal risers **MUST** also have IIV/ ECV valves. |  |  |  |  |
| 1. Minimum unrestrained lateral lengths in line with industry or manufacturers guidelines and identified on the design. |  |  |  |  |
| 1. Use of expansion/flexible flitting’s required? *(specify)* |  |  |  |  |
| 1. Meter locations within flats.  *(Confirm location is within 2 meters of entry point)* |  |  |  |  |
| 1. Pipeline is within ventilated duct. (have ventilation calculations been done?) |  |  |  |  |
| 1. Is extension ventilation ducting required? (extension ventilation is ducting which does not contain any pipework but allows for airflow) |  |  |  |  |
| 1. Is there a requirement of bonding to lightning conductor if within <500mm or pipework? |  |  |  |  |
| **Risk – Meter Banks** | **Risk Considered and Assessed** | | | |
| **Yes** | **Mitigation/Assessment/Explanation** | **N/A** | **If N/A identify reason why** |
| 1. Excess Flow Valves fitted on pipework supplying meter bank.  *(Identify reason for fitting if applicable)* |  |  |  |  |
| 1. Consideration of meter bank locations (consumer access to ECV, means of escape, protection – location to be included on design drawings) |  |  |  |  |
| 1. Meter bank within dedicated housing *(exact location shown on drawings and ventilation shown)* |  |  |  |  |
| 1. Ventilation adequate for meter bank enclosure. (Have ventilation calculations been done?) |  |  |  |  |
| **Risk – Other** | **Risk Considered and Assessed** | | | |
| **Yes** | **Mitigation/Assessment/Explanation** | **N/A** | **If N/A identify reason why** |
| 1. (Insert any specific risk assessments not covered above) |  |  |  |  |
| 1. (Insert any specific risk assessments not covered above) |  |  |  |  |
| The **DESIGN MANAGER** must confirm that the above checks have been completed, and any relevant information has been included in the work pack for the job. | | | | |
| Name (Designer): | Date: | | Signature: | |
| Name (Manager): | Date: | | Signature: | |