


OPERATIONAL INSTRUCTION

Gas Safety Incident Reporting

OI-ISC-008.1

DOCUMENT STATUS

EDITION NUMBER	REVISION NUMBER	DATE	STATUS	AUTHOR	APPROVED (IT)
1	0	04/05/06	Controlled	GMWG	

PAGE AMENDMENTS

Page Number	Edition Number	Revision Number	Date of Insertion/ Amendment	Signature (IT)

QUALITY MANAGEMENT PROCEDURES
REFERENCE LOCATION:

PCD 017

THIS DOCUMENT IS CONTROLLED BY THE HEAD OF SECTION BUT ALL AMENDMENTS MUST BE PROCESSED THROUGH PERFORMANCE UNIT

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1.0 Notification

- a) In order to ensure any gas incident is managed, a **Gas Safety Incident Report Proforma** is to be used to communicate and record relevant details.
- b) Persons issuing a Gas Safety Incident Report Proforma (refer to Appendix A- OI-ISC-008.1A herein) may be either the
 - Responsible Premises Officer
 - Clerk of Works/Building Services Inspector
 - Contract Administrator
 - any Client Delegated Person
- c) **Gas Safety Incident Report Proforma** should be issued to the Risk Management & Performance Unit.

2.0 Recording and Actioning Notification

- a) On receipt of a **Gas Safety Incident Report Proforma** the **Risk Management & Performance Unit Representative** shall ensure the following:
 - add/update information in the **Property Related Safety Concern Log**
 - allocate a Protocol Level to the incident
 - assess the control measures implemented to rectify the incident by review/investigation
 - advise on measures required to manage gas safety (short and long term) and report to the Gas Safety Management Review Group

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Gas Safety Incident Report

Section A (to be completed by Client Delegated Person (CDP))

Date:	Raised by:	Service:	Designation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Property Address:			PAS Property Ref:
<input type="text"/>			<input type="text"/>
Gas Safety Incident: (e.g. gas leak, smell of fumes)		Immediate measures taken by CDP to address incident: e.g. call to emergency service provider (ESP), works orders raised to contractor	
Description:		Details: (include ESP call ref no.)	
<input type="text"/>		<input type="text"/>	

On clicking the Submit button above, your completed form will be send via email to:
 Risk Management & Performance Unit, Property & Architectural Services, Moray House, 16-18 Bank Street Inverness IV1 1QY

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GAS SAFETY INCIDENT REPORT			
SECTION A (to be completed by Client Delegated Person (CDP))			
Date:	Raised by:	Service:	Designation:
Property Address:			PAS Property Ref:
Gas Safety Incident: e.g. gas leak, smell of fumes		Immediate measures taken by CDP to address incident: e.g. call to emergency service provider (ESP), works orders raised to contractor	
Description:		Details: (include ESP call ref no.)	
Additional information attached?			
Yes	No		
Please return form to Risk Management & Performance Unit Property & Architectural Services Moray House 16-18 Bank Street Inverness IV1 1QY Fax No. 01463 703303			
SECTION B (to be completed by RMPU Representative)			
RMPU Referred to: (insert name)			Protocol Action Level:
For: Action/Monitoring/Review/Information			Date Logged:
Protocol Action Level References:			
Level 1 - Not to Current Regulations (situation safe but concerns raised)	Level 2 - At Risk (unsafe condition present)	Level 3 - Immediately Dangerous (present danger to life or property)	Notes: Recipient should ensure that incident is logged in the Property Related Safety Concern Log
e.g. Contravention of Contract Conditions and / or Council Policy / Procedures	e.g. Breach in legislation	RIDDOR reportable incident, occurrence, accident	
Notes/References etc for use by RMPU:			

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