

# GAS SAFETY & COMPLIANCE CERTIFICATE

## Hiflo Plumbing 1992 LTD

Reference No: HFPG0132

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	THE FOOD DEN LTD	INSTALLATION	THE FOOD DEN LTD
ADDRESS	62 FRANCIS AVE ST ALBANS CHCH	ADDRESS	62 FRANCIS AVE ST ALBANS CHCH
DESCRIPTION AND LOCATION OF THE GASFITTING: To certify food caravan as required. Test all existing equipment fit water heater Paloma PHSRFE  Hotdog i			
GAS TYPE	LPG	GAS SUPPLY PRESSURE	2.75 kPa
DATE(S) GASFITTING PERFORMED	Enter The Specific Date 9-10	DATE OF GAS CONNECTION	23-10-2013
STANDARD RISK CLASSIFICATION (tick one) <input type="checkbox"/> Low <input type="checkbox"/> General <input checked="" type="checkbox"/> High			
NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION: Enter names and registration numbers / none  Kevin Tonner 18294			
CERTIFICATE ATTACHMENTS (tick as applicable) <input checked="" type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input type="checkbox"/> Certified Designs: Enter details of any designs			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input checked="" type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input type="checkbox"/> has <input checked="" type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the whole <input checked="" type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Peter Ryder		
REGISTRATION TYPE & NUMBER	12293		
SIGNATURE			
DATE	5-11-2013		

Company name: Hiflo Plumbing  
 Address: PO Box 109  
 Address 2:  
 City: Oamaru  
 Phone: 0344330011  
 Prepared and owned by  
 Master Plumbers, Gasfitters & Drainlayers NZ,  
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# GAS SAFETY & COMPLIANCE CERTIFICATE

## Hiflo Plumbing 1992 LTD

Reference No: HFPG0121

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	Name McGrath	INSTALLATION	Name The Food Den Ltd
ADDRESS	Boundary Creek Oamaru	ADDRESS	Boundary Creek Oamaru
<b>DESCRIPTION AND LOCATION OF THE GASFITTING:</b> To install, test and certify existing equipment in the caravan. Install 1- Rinnai REU55FT Gas Water Heater  REF Hot Dog 3 Caravan			
GAS TYPE	LPG	GAS SUPPLY PRESSURE	2.75 kPa
DATE(S) GASFITTING PERFORMED	Enter The Specific Date(S) Or Span Of Dates	DATE OF GAS CONNECTION	Date connected or date work completed if not disconnected
STANDARD RISK CLASSIFICATION (tick one)		<input type="checkbox"/> Low <input type="checkbox"/> General <input checked="" type="checkbox"/> High	
<b>NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION:</b> Enter names and registration numbers / none  Andrew Bean 14922			
<b>CERTIFICATE ATTACHMENTS (tick as applicable)</b> <input type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input type="checkbox"/> Certified Designs: Enter details of any designs			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input checked="" type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input type="checkbox"/> has <input checked="" type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the <input checked="" type="checkbox"/> whole <input type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Peter Ryder		
REGISTRATION TYPE & NUMBER	12293		
SIGNATURE			
DATE	23-10-2013		

Company name: Hiflo Plumbing  
 Address: 224 Thames Street Oamaru  
 Address 2: P.O. Box 109  
 City: Oamaru  
 Phone: 034330011  
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# GAS SAFETY & COMPLIANCE CERTIFICATE

## Hiflo Plumbing 1992 LTD

Reference No: HFPG0134

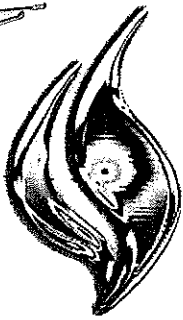
Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	The Food Den Limited	INSTALLATION	The food Den ltd
ADDRESS	62 Francis St St Albans chch	ADDRESS	62 Francis St St Albans chch
DESCRIPTION AND LOCATION OF THE GASFITTING: Service and certify Food Caravan Install Bosch water heater  HOT H20G			
GAS TYPE	LPG	GAS SUPPLY PRESSURE	2.75 kPa
DATE(S) GASFITTING PERFORMED	Enter The Specific Date 21-9-2013	DATE OF GAS CONNECTION	18-10-2013
STANDARD RISK CLASSIFICATION (tick one)		<input type="checkbox"/> Low <input type="checkbox"/> General <input checked="" type="checkbox"/> High	
NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION: Enter names and registration numbers / none  Andrew Bean			
CERTIFICATE ATTACHMENTS (tick as applicable) <input type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input type="checkbox"/> Certified Designs: Enter details of any designs			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input checked="" type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input type="checkbox"/> has <input checked="" type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the whole <input checked="" type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Peter Ryder		
REGISTRATION TYPE & NUMBER	12293		
SIGNATURE			
DATE	18-10-2013		

Company name: Hiflo Plumbing  
Address: PO Box 109  
Address 2:  
City: Oamaru  
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# GAS SAFETY & COMPLIANCE CERTIFICATE

## Hiflo Plumbing 1992 LTD

Reference No: HFPG0109

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	Name McGrath	INSTALLATION	Name The Food Den Ltd
ADDRESS	Boundary Creek Oamaru	ADDRESS	Boundary Creek Oamaru
DESCRIPTION AND LOCATION OF THE GASFITTING: To install, test and certify existing equipment in the caravan.  Hotdog Caravan 5			
GAS TYPE	LPG	GAS SUPPLY PRESSURE	2.75 kPa
DATE(S) GASFITTING PERFORMED	Enter The Specific Date(S) Or Span Of Dates	DATE OF GAS CONNECTION	Date connected or date work completed if not disconnected
STANDARD RISK CLASSIFICATION (tick one)		<input type="checkbox"/> Low <input type="checkbox"/> General <input checked="" type="checkbox"/> High	
NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION: Enter names and registration numbers / none  Andrew Bean 14922			
CERTIFICATE ATTACHMENTS (tick as applicable) <input type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input type="checkbox"/> Certified Designs: Enter details of any designs			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input checked="" type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input type="checkbox"/> has <input checked="" type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the <input checked="" type="checkbox"/> whole <input type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Peter Ryder		
REGISTRATION TYPE & NUMBER	12293		
SIGNATURE			
DATE	23-10-2013		

Company name: Hiflo Plumbing  
Address: 224 Thames Street Oamaru  
Address 2: P.O. Box 109  
City: Oamaru  
Phone: 034330011  
Cell: 021754230

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# GAS SAFETY & COMPLIANCE CERTIFICATE

## Hiflo Plumbing 1992 LTD

Reference No: HFPG0133

Gas Safety Certificate and Certificate of Compliance made pursuant to Regulations 46 and 52B of the Gas (Safety and Measurement) Regulations 2010 (as amended), and Energy Work Certificate made pursuant to Regulation 19 of the Building Act 2004.

CLIENT	THE FOOD DEN LTD	INSTALLATION	THE FOOD DEN LTD
ADDRESS	62 FRANCIS AVE ST ALBANS CHCH	ADDRESS	62 FRANCIS AVE ST ALBANS CHCH
DESCRIPTION AND LOCATION OF THE GASFITTING: To certify food caravan as required. Test all existing equipment SAFTEY VALVES  40066			
GAS TYPE	LPG	GAS SUPPLY PRESSURE	2.75 kPa
DATE(S) GASFITTING PERFORMED	Enter The Specific Date 9-10	DATE OF GAS CONNECTION	23-10-2013
STANDARD RISK CLASSIFICATION (tick one) <input type="checkbox"/> Low <input type="checkbox"/> General <input checked="" type="checkbox"/> High			
NAME, REGISTRATION NUMBER (IF ANY) OF PERSONS WHO CARRIED OUT GASFITTING UNDER SUPERVISION: Enter names and registration numbers / none  Kevin Tonner 18294			
CERTIFICATE ATTACHMENTS (tick as applicable) <input checked="" type="checkbox"/> Manufacturers Instructions: Enter details of any attachments <input type="checkbox"/> Certified Designs: Enter details of any designs			
"I believe on reasonable grounds that: (a) the gasfitting work described above has been done lawfully and safely; and (b) the work has been done in accordance with (tick one); <input type="checkbox"/> sections 3 to 6 of AS/NZS 5601.1, or <input checked="" type="checkbox"/> sections 3 to 9 of AS/NZS 5601.2; and (c) the work <input type="checkbox"/> has <input checked="" type="checkbox"/> has not (tick one) been done in accordance with a certified design; and (d) the work done <input checked="" type="checkbox"/> has <input type="checkbox"/> has not (tick one) relied on any manufacturers instructions; and (e) this certificate relates to the whole <input checked="" type="checkbox"/> part (tick one) installation described above; and (f) the gas installation is connected to a gas supply and is safe to use; and (g) the information contained in this certificate is correct."			
CERTIFIER NAME	Peter Ryder		
REGISTRATION TYPE & NUMBER	12293		
SIGNATURE			
DATE	18-10-2013		

Company name: Hiflo Plumbing  
Address: PO Box 109  
Address 2:  
City: Oamaru

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