GAS WORK PORTFOLIO JOB SHEET		Job number	
Trainee name			
Supervisor name			
Job description			
Job date			
Job address			

Appliance types worked on	Manufacturer	Model	Flue category

Record below details of the complete gas job carried out by the trainee under direct supervision of the supervisor. Include all suitability checks, safety tests, first fix, and commissioning or recommissioning procedures performed by the trainee including test results and calculations. Also give details of any application of the Unsafe Situations Procedure.

Trainee declaration	*I confirm that I carried out the above gas work under the direct supervision of my supervisor*		
Trainee signature		Date	
Supervisor declaration	*I confirm that the trainee successfully carried out the above gas work under my direct supervision*		
Supervisor signature		Gas Safe number	