

Approved Meter Installer Desktop Audit Questionnaire

Please return the completed form, signed and dated to: metering@electralink.co.uk

Company Name:	Gas Safe Registration no:
Company Registration number:	Date:

Please note that all of the questions are mandatory for initial approval and for re-assessment audit; however, confirmation will be sought during surveillance visits as to whether the previous information supplied is still applicable.

The Desktop Audit Questionnaire forms part of the overall AMI application and audit. Please refer to Schedule 40 of the SPAA and the Metering Code of Practice (MCoP). These documents can be found on the [SPAA website](#).

Please note that the compliance boxes will be completed by the AMI Agent.

No	Questions	Applicant Response	Not Compliant	Compliant with Observations	Compliant
1.	Please provide contact details for the engineer or manager who is appointed in leading the audit. (Schedule 40, Section 6.12)				
2.	Please provide the training process details for MCoP Audit purposes.				
3.	Please provide a Health and Safety policy signed by the current individuals responsible within your organisation. (MCoP Section 4.5)				

4.	Please provide evidence of how you ensure the competence of your staff / engineers in relation to MCoP activities. (MCoP Section 6.2)				
5.	Please can you provide your policy or procedure in place to ensure that operatives are made aware of vulnerable consumers (MCoP Section 7.1.2)				
6.	Please confirm whether you use subcontractors and if so, provide a copy of your approval, appraisal, and authorisation procedure.				
7.	Please can you provide your meter installation design validation procedures. (MCoP Section 8)				
8.	Please can you provide a copy of your procedure for obtaining the necessary site specific GT authorisations e.g. setting seals, bypass and stamped meters. (MCoP Section 9.2.1)				
9.	Please can you evidence that you have the necessary generic GT authorisations in place for the metering work you undertake. (MCoP Section 9.2.2 Section)				
10.	Please provide a copy of your commissioning procedures (MCoP Section 12.1.1)				
11.	Please provide your procedures to undertaking meter removals, transportation and/or disposals. (MCoP Section 23, 24 & 27)				
12.	Please provide a copy of your maintenance procedures (MCoP Section 16)				
13.	Please provide a copy of your Meter Replacement procedures (MCoP Section 11.2.2)				

14.	Please provide a copy of your Audit procedures (MCoP Section 5)				
15.	Please provide a copy of your safety and accuracy procedure (MCoP Section 10.1.9)				

Section 2: Declaration

I the undersigned hereby declare that the information contained in this form is correct to the best of my knowledge and belief. I understand that any false statements may affect the future inclusion on the register (Approved Meter Installer).

Name:

Signature:

Date:

To be completed by the MCoP Registration Agent

Total Number of Non-Compliances:

Total Number of Observations:

Comments:

Remedial Action Plan Required (Y/N):

Completed By:

Date:

