

Meter Asset Manager 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 MCoP application and audit. Please refer to Schedule 32 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 MCoP Registration Agent.

No	Questions	Applicant Response	Not Compliant	Compliant with Observations	Compliant
1.	Please provide the designated contact details for the engineer or manager organising the site visits.				
2.	Please provide contact details for the engineer or manager who is appointed to lead your review of competency (IENG, Eng Tech). (Section 3.7)				
3.	Please provide contact details for individual responsible for training for MCoP Audit purposes.				

4.	Please provide a Health and Safety policy signed by the current individual responsible within your organisation.				
5.	Please provide evidence of how you ensure the competence of your staff / engineers in relation to MCoP activities. (MCoP Section 6.1)				
6.	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)				
7.	Please can you provide your design control and approval procedures (MCoP Section 8.1)				
8.	Please provide a copy of your internal audit process and programme in relation to MCoP (Section 3.2.6)				
9.	Please provide evidence of the method of communication you use to send data required by the RGMA Baseline (MCoP Section 4.3)				
10.	Please evidence your compliance with the requirement to have a quality management system in place (MCoP Section 4.7.1)				
11.	Please evidence that meter installations are undertaken or checked by an AMI, within the required timescales (MCoP Section 10.1.4)				
12.	Please confirm whether you use subcontractors ¹ and if so, provide a copy of your approval, appraisal and authorisation procedure.				

¹ Subcontractor refers to whether you as a MAM use a third party subcontractor for the metering work you undertake.

13.	Please can you provide a copy of your procedure for obtaining the necessary site specific GT authorisations e.g. setting seals, bypass and meter housing. (MCoP Section 9.2.1)				
14.	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)				
15.	Please provide a copy of your pre-installation procedure (MCoP Section 10.1.13)				
16.	Please provide a copy of your exchange policy (MCoP Section 11.3)				
17.	Please provide a copy of your commissioning procedures (MCoP Section 12)				
18.	Please provide a copy of your maintenance procedures (MCoP Section 16.1)				
19.	Please evidence that accidents and dangerous occurrences are reported to the Health and Safety Executive (MCoP Section 17 & 18)				
20.	Please confirm and evidence records which detail compliance with RIDDOR reporting obligations for all the categories required (MCoP Section 18)				
21.	Please provide a copy of your policy for monitoring the performance and functionality of meters (MCoP Section 21.2.1)				
22.	Please provide your procedures to undertaking meter exchanges or removals (including third party installations) (MCoP Section 23)				

23.	Please provide your procedures for returning and/or retaining metering equipment (MCoP Section 23)				
24.	Please evidence that the mandatory meter installation records are maintained (MCoP Section 25.1)				
25.	Please evidence how the relevant information on the transfer of a meter installation is communicated between MAMs (MCoP Section 26)				

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:

