## Regin

## LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 1917383

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

OTHER COM	Audible CO Approved CO Alarms Alarms: Fitted Correctly:	2 4 ח	2 22 -		Gas Installation Satisfactor Pipework: Inspection:	5	ω 4	2 KitaAfi	Location		Tel:	Postcode: Yo 31	Address: 8 Dyk (Lot)	1-	Reg No: 589033	REGISTERED BUSINESS DETAILS
OTHER COMMENTS OR OBSERVATIONS	Alarms Yes No N/A			GIVE DETAILS OF ANY FAULTS	Satisfactory Visual Yes No Emergency Control Yes No Satisfactory Gas Yes No Bonding Satisfactory:	appliances not owned by the		EVICEIQ	Make and Model	APPLIANCE DETAILS	0.185 2.22.215	KHI	tost Your	Society Runging + HESTING		TAILS
	Are CO Alarms			FAULTS	Eme Acce	andlord #		(a) Bre	Туре	AILS	Po				Na	Z.
d 0 >	in Date:	3			Emergency Control Accessible:		1	EE	ОП		Postcode:			Address:	Name & Title:	SPECTION
NEXT GAS SAFETY CHECK DUE BEFORE:	Yes				ntrol Y	and 'Ann		- Parce	Operating pressure in mbar or heat input kW/h or Btu/h			100	Ham 6	97	· ·	INSPECTION/INSTALLATION ADDRESS
GAS TY DUE RE:	No				Yes K	ionon C		XX 800	Safety device(s) correct operation Yes/No/NA				Coop	Newwood	£.	ATION A
Print Na Licence Receive Signed:	N/A			Section 1	No is			ZDZ	Spillage test Pass/Fail/NA		Tel:		8	1		DDRESS
Print Name: _Licence No: _	Testin Alarm			REC	Sat Tigi	7 5000		20 20	Smoke pellet flue flow test Pass/Fail/NA	FLUE				PORK DY		
R. B	Testing of CO Alarms Satisfactory:			TIFICAT	Satisfactory Gas Tightness Test:	noo is h		(aBlace	Initial combustion analyser reading	JE TESTS			811001	DUINE	0.01	
Sego33	tory: Yes			RECTIFICATION WORK CARRIED OUT	has Yes	and an		ND 80	Final combustion analyser reading							
SSUED 53	No			ORK CA	\	a single	3	2/63			Numb	Postcode:	3H	Address:	Name & Title:	LANDL
Signed: Signed: Issue Da RECEIVED BY (Delete as ap Tenant/Ag Print Nam	N/A			RRIED	No	ahaak é		Pass	Satisfactory Flue visual termination condition Yes/No/NA Pass/Fail/NA		Number of appliances tested:	le:		F		LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
AS ENGINEER) Signed: S			10,68	TUO	Equ	18 10		S3K	Adequate ventilation Yes/No	INSP	iances te		Crave	I	MARK	AGENT)
INEER	Smoke Alarms Fitted:		st day		Equipotential Bonding Satisfactory:	200	3	X4X	Landlord's appliance Yes/No/NA	INSPECTION DETAILS	sted:		Pocas	8	Donnes	NAME 8
d/Home 0	1987		50	Z	isfactory		93	XX XX	Inspected Yes/No	N DE I		Tel:	Polariación	0		& ADDR
	Yes		NO.	WARNING NOTICE ISSUED Yes/No/NA	Yes	7060	100	× × ×	Appliance Avisual s Check Yes/No	AILS	2				DENTHO !	SS (if ap
No one present at time of visit	NO -	1	E	*	(		0	\$ 83	Appliance serviced S					1	PROPRET IES	plicable)
isit	N/A			WARNING TAG or LABEL FIXED Yes/No/NA	No.			Sak	Appliance Safe to Use Yes/No						TIES	

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\* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45