## LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 2669467

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.

			I			Appro	5	4	w	2	- 1	Gas Install Pipework:	51	4	3 2	1			i.	Tal·		Address:	Company:	Reg No:	REGIS
	/			Mess (62) II Vessessov	OTHER COMMENTS OR OBSERVATIONS	Approved Audible CO Alarms Fitted & Located Correctly**:						lation	edig II		IST ELLOR SHOWING	ATCHEN.	Location		0100	7051		8	R08 B	5890	REGISTERED BUSINESS DETAILS
						Yes No N/A Ar		imag of ohlohiere.		\	GIVE DETAILS OF ANY FAULTS	For appliances not owned by the landlord the recorded 'Appliance Safe to Use' Satisfactory Visual Yes No Emergency Control Yes No Inspection:	installation, check that a	eldeting at batiff tog	IDEAL VOGUE C32	Smale Rouse	Make and Model	APPLIANCE DETAILS	0 202100	7		Kyeleof Cust	ON PLYBONG + HEATING		TAILS
A PROPERTY AND A PROP				der ligh	S	Are CO Alarms in Date:		institut ik			FAULTS	landlord t	ok puller	Aprilla 6A	Come 1	(DOISON	Туре	AILS				Vest Black		Z	
L	0		C			Yes	000000	ALTERNATION ?				rd the recorded Emergency Control Accessible:	8 0	MINITES V	Ps.	e Pi	Flue Type OF/RS/FL		rosicode.		~	Auc	Address:	Name & Title:	<b>NSPECTIO</b>
200000	02/12/24		BEFOR	SAFE	VEXT	8	diam'r.	an a la				ded 'App	5860	SUMA	32/04	19.5m	Operating pressure in mbar or heat input kW/h or Btu/h		000	4	lonk.	ROAD	0	9.	N/INSTAL
POCH S	124		RE	7	GAS	N/A		10				Ves Yes	N N	GUSTIE	V.E.V	S. YES	Safety device(s) correct operation /h Yes/No/NA		MAK			B	New		LATION /
Signed:	Received		Lice			Testing Alarms		Hallen	HACKE			No No		e deso	8	NA	Spillage test Pass/Fail/NA		Tel:	- 1		on ava	Newwoo		INSPECTION/INSTALLATION ADDRESS
ed:	ived By:		Licence No:	Print Name:		Testing of CO Alarms Satisfactory:		2 AGRE	118778		REC	se' respo	181 01	16 SOE	3	NA	Smoke pellet flue flow test Pass/Fail/NA	FLUE	100			hard a	PARK	The last	
1	1		58	R. 80		y: Yes \		COSTUBI	105.18		ECTIFICATION WORK CARRIED	response is based on a visual check for obvious defects only  Satisfactory Gas Tightness Test: Yes No Bonding Satisfactory:	-Sult	AANS	6981en	3	Initial combustion analyser reading	TESTS				nst low	DRIVE	diam's	
MINE TOTAL	burned		589033	Bonno-1.		8		1			TION W	Dased on Sas Y	98	100	G9800m	NA	Final combustion analyser reading					Con s	- marine and		
angira	auth a colo			Di 101	ISSUED BY (GAS ENGINEER)	N/A		STEE STEELS	1	\	ORK C	Yes /		9	. Y&S	No	Satisfactory termination Yes/No/NA		Numl	Postcode:	R	4M	Address:	Name	LAND
P	v amoun	RECEIVED BY			BY (G,	Lo Sr		100 July	Strate a		ARRIED	No No	200		PASS	NA	Flue visual condition Pass/Fail/NA		Number of appliances tested:	S	2			Name & Title:	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
Print Name:	(Delete as applicable) Tenant/Agent/La	ED BY	Issue Date:	Signed:	S ENG	Smoke/Heat Alarms Located & Fitted correctly**:	000000	Mallin	SIGHT		TUO	for obvi	ERCES.	TR DO	SAK	YES	Adequate ventilation Yes/No	INS	liances to	Y042	GYON	Grave	SINGE BURGE	MARK	AGENT
100	(Delete as applicable) Tenant/Agent/Landlord/Home Owner		te:	K	INEER	Alarms Itted correc		NOIL OF	9110		Singos	ovious defects on! Equipotential Bonding Satisfactory:		tibono	YES	y&s	Landlord's appliance Yes/No/NA	NSPECTION DETAILS	ested:	5xp		avita	SHOW	Han	NAME
1300	rd/Home 0		20	B	=			N POPI	0.045		8	fects or	0 100	971	YES	YES	Inspected Yes/No	)N DE	2	Tel:			2	SWIND	& ADDR
JONE BO			112]	B		Yes /	100	1	mehr		WARNING NOTICE ISSUED Yes/No/NA	nly Y: Yes	Supply of the su	Clabo	100	YES	Appliance A Visual S Check Yes/No	AILS		1080		T BTILL	38	Ser Ja	ESS (if a
188	No one present at time of visit		23	S. JB		No	5		1		*	15			73.8	X£S	Appliance serviced S Yes/No		5	108			- 2	Parce	oplicable)
	isit T			,		N/A				1	WARNING TAG or LABEL FIXED Yes/No/NA	No			YW.	YES	Appliance Safe to Use Yes/No					5		Phopeross	1 1110

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

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

Form Ref. REGP45