## 

## LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

2803142

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.

			TA:	5	4	3	2	- 8	Gas	5	4	3 1	0 -				Tel:	Post		Address:	Com	Reg No:	REG
			Approved Audible CO Alarms Fitted & Located Correctly**:						Gas Installation Pipework:			Attage	KUTC					Postcode:		ess:	Company:	No:	REGISTERED BUSINESS DETAILS
		THER	idible CO ated Corre						tion			N. S.	NEWSTAN	Location				Y031	_	00	208	0	BUSIN
		COM							For a Satisfa Inspec	bibe						000	280		JONE.	THOUSE	Barrey	89033	ESS DE
	Si Si	OTHER COMMENTS OR OBSERVATIONS	Yes					GIV	For appliances Satisfactory Visual Inspection:	1961 8	Jan Jan		Device.					AHI		H		C.	TAILS
		S OR (	No		A PASSINE			E DET	ces no	N. ISOIK	HEE	SAS	(0616	Mak	AP	200	277775			180J	Rusers	9	
		BSEF	N/A		- September 1			AILS	Yes Yes	HOU!	100		X	Make and Model	PLIAN		/3			9	+ HEATING		
	658 16	VATIC			1			OF AN	vned by th	RESIDE	of Alfre		x C30		APPLIANCE DETAILS					2011	125.		
		SN	Are CO Alarms in Date:		20.00		1	GIVE DETAILS OF ANY FAULTS	e landle	DI BIL R	S X	-			TAILS					DIVE			
of a state of				A petit and compati	S. Area	5		SI	Emerg Access	D XO	THE STATE OF	68	Boliver	Туре		Posicode:	Posto			OLAN MERO	Address:	Nam	INSF
0	Q	>	Yes /		THE PARTY				rd the recorded Emergency Control Accessible:	0.8.0	PATHON	+	B	Flue Type OF/RS/FL	Operation		ode.			1 Del	ess: 19 C	Name & Title:	ECTION
01/12/24	SAFI HECH BEFC	EXT	No		Car Co. Inc.				'Apı	CSLSS	SELV 10	Jans. H	30/1	Operating pressure in mbar or heat input kW/h or Btu/h					YORK	Hum		1	INSPECTION/INSTALLATION ADDRESS
2/29	ETY C DUE DRE:	GAS	N/A	STATE	0) 1121 (0	lk A			Yes _	111111111111111111111111111111111111111	Harrie	See.	+	Safety device(s) correct operation Yes/No/NA		1100				RODO	そのよ		LATION
	un		Te All	COMP.	1001	00000			No No	LICHE A	810	ZD	ZA	y (s) Spillage at test on Pass/Fail/NA		TOI.	Tel·			0818	y		ADDRE
Received Signed: _	Print Name: Licence No:		Testing of CO Alarms Satisfactory:	30000	Speeder	STATE OF			Use'	NO. K	30 DB		+		7					HOWEN	_	5	SS
ву:	No:		O sfactory:	annad:	-0.7	opida		RECTI	Satisfi Tightn	188	8.8	20		flue tlest aii/NA	LE.					SELECT NO.			
PE G.P. C	S		Yes 1	100	ST. St. Line	531		FICAT	sponse is base Satisfactory Gas Tightness Test:	-SUIT Y	JWI E	No	0113m	Initial combustion analyser reading	TESTS							WH 121 6	
	Sego33		No.	afect to	1			ECTIFICATION WORK CARRIED OUT	ased or	IO BL	UG AIT	N	6 113 ppm	Final combustion analyser reading		970186				000		SUS	
in and in	100	ISSUE	N/A	(TO) 10	100 Ita	STEE IS		ORK	Yes	SCHOL	(8.6)	20	XX.	Satisfactory termination Yes/No/NA		Nur		Postcode:			Address:	Nam	LAN
H C	1 80	D BY		OF TO	S S S S S S S S S S S S S S S S S S S	20 00		CARRI	visual che	COLLEGE	THE LANGE	NA.	ionsi	tory Flue visual ion condition NA Pass/Fail/NA		nber of				कुमा	ess:	e & Title	DLORD
RECEIVED BY (Delete as ap Tenant/Ag Print Nam	Signed:	GAS E	Smoke/Heat Alarms Located & Fitted correctly**:	TO STOREGING	1 HI SCH	100		ED OC	response is based on a visual check for obvious defects only  Satisfactory Gas Tightness Test:  Yes No Bonding Satisfactory:	3 110	11 8 716	YES	+	sual Adequate tion ventilation ventilation ail/NA Yes/No		applianc		Y042	OKL VED	Carres	たる	Name & Title: Mack	(OR AGI
(Delete as applicable) Tenant/Agent/L Print Name:	Signed: Issue Date:	ISSUED BY (GAS ENGINEER)			- 1	क्षेत्र क्षेत्र		F		Equipo Bondin	JIE UCK	H	6 YES	+.	ation appli	NSPEC	Number of appliances tested:		2 2x	KID.	S.	CARRAN	
andlord/H	Post 8	EER)	ms correctly*	TO SOLD	TOTAL C	0000		dos s	bvious defects only Equipotential Bonding Satisfactory:	is sbi	B (01)	-	+	Landlord's Inspirance Yes/No/NA	NOIT	9		χρ Tel:		Magain		Anos	ME & A
(Delete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:	office		Yes		34	000		NOTI	ts only actory:	T The	SEN THE	The State	_	Inspected Vis Yes/No Chu	INSPECTION DETAILS	4	STREET, STREET	t		108 8	NO	2	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
2.5	123		No No		1			NOTICE ISSUED Yes/No/NA	Yes	100	PALIE	788 YES	_	Appliance Visual Check Yes/No Yes/No	LS	1700		POPUL		BILLE		Perso	S (if appli
No one present at time of visit	12		N/A	2		1			15		=					2 J		12		EU.		PROPRIOTIES	cable)
			A					Yes/No/NA	No			YES	XES	Appliance Safe to Use Yes/No								TRS	

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

BF452307

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

Form Ref. REGP45