## Reella

## LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

2669472

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.

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of visit	at time of visit	Owner	rd/Home	Tenant/Agent/Landlord/Home Owner	Tenant/Agent/La	NOON BAN	WHEN THE	ST URL	(	ed By:	Received	24	02/12/24	0		200		1	
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N/A	No.	Yes		Smoke/Heat Alarms Located & Fitted correctly**:	Smoke/Heat Alarms Located & Fitted cor	Sm	NA	No	Yes \	Testing of CO Alarms Satisfactory:	Testing of Alarms Sa		No N/A	Yes	Are CO Alarms in Date: Y	N/A Are CO Alarms	Yes \ No	Approved Audible CO Alarms Fitted & Located Correctly**:	717
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LABEL FIXED Yes/No/NA	*	WARNING NOTICE ISSUED			TUO	RIED	RK CAI	OW WO	ECTIFICATION WORK CARRIED OUT	RECTI					ULTS	GIVE DETAILS OF ANY FAULTS	GIVE DET		
8	Yes		al	Equipotential Bonding Satisfactory:	Bo	6	1/ 3	s Yes	Satisfactory Gas Tightness Test:	Satisf Tightn		14	trol Yes	Emergency Control Accessible:	Emerg	Yes No	Satisfactory Visual Inspection:	Gas Installation Satisfi Pipework: Inspec	Ga
		nly	ects o	ous def	or obvi	heck fu	visual o	ed on a	response is based on a visual check for obvious defects only	respons	e to Use'	nce Safe	d 'Applia	recorde	dord the	For appliances not owned by the landlord the recorded 'Appliance Safe to Use'	appliances no	For	5
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783C	YES	Y68	S3/	83K	846	3	8	20	スカ	20	No.	南	M.S.M	3	Top	RING	CDA C	KARCHEN !	_
Appliance Safe to Use Yes/No	Appliance serviced Yes/No	Appliance Visual Check Yes/No	Inspected Yes/No	Landlord's appliance Yes/No/NA	Adequate ventilation Yes/No	Flue visual condition Pass/Fail/NA	Satisfactory termination Yes/No/NA P	Final Scombustion tanalyser reading	Initial combustion canalyser reading	Smoke pellet flue flow test Pass/Fail/NA	Spillage protest f	Safety device(s) correct operation Parker/No/NA	Operating pressure in mbar or heat input kW/h or Btu/h Y	Flue Type OF/RS/FL	Туре	Make and Model	Mak	Location	
		TAILS	)N DE	INSPECTION DETAILS	INSF				TESTS	FLUE T					S	APPLIANCE DETAILS	AP		
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9)	applicable	RESS (If	& ADDR	NAME !	AGENT)	RD (OR	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)		The Party of		RESS	ION ADD	INSPECTION/INSTALLATION ADDRESS	ECTION/	INSF	ではないというない	TAILS	REGISTERED BUSINESS DETAILS	品

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