

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

2803138

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.

			1)e:	Print Name:	P			1	1.4	Signed:	L		Γ								
oresent strike	No one present at time of visit		ord/Home	(Delete as applicable) Tenant/Agent/Landlord/Home Owner	Tenant/A	Corinia A		Duront a	1	ved By:	Received	124	01/12/24	Q								
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	23	1/12/	0	ate:	Issue Date:			38	589033	e No:	Licence No:	BE C	REFOR	5								T
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			J.)	JINEE	SEN	BY (G/	ISSUED BY (GAS ENGINEER)	IS	· 大概			AS	EXT G	2		TIONS	BSERV/	OTHER COMMENTS OR OBSERVATIONS	COMME	OTHER		
NA	No I	Yes /		Smoke/Heat Alarms Located & Fitted correctly**:	noke/Hea cated & F	Lc	NA	No	Yes 1	Testing of CO Alarms Satisfactory:	Testing o Alarms S		No N/A	Yes	Are CO Alarms in Date:	Are CC Alarms	N/A	Yes No		Approved Audible CO Alarms Fitted & Located Correctly**:	Approved Fitted & Lo	
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LABEL FIXED Yes/No/NA	- 1	NOTICE ISSUED Yes/No/NA			TUO	RRIED	RK CA	ON WO	ECTIFICATION WORK CARRIED OUT	RECT					ULTS	ANY FA	VILS OF	GIVE DETAILS OF ANY FAULTS				
No	17.	ry: Y	ial atisfacto	ovious defects only Equipotential Bonding Satisfactory:	for obv	No No	\ \	sed on a	Sponse is base Satisfactory Gas Tightness Test:	Satis Tight	vo Se	s No	ed 'Appliar itrol Yes	rd the recorded Emergency Control Accessible:	Emery Acces	No	owned b	For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only satisfactory Visual Satisfactory Gas Tightness Test: Yes No Report	For appliances Satisfactory Visual Inspection:	lation	Gas Installation Pipework:	Pip
		reber	1 line	Strange	505	16 COL	nectro	18 OJ 1	MIN B	10 10	RHHI	A Hara	B cose	0.80	NCK DO	Gt IU218	manusill	DISCRIME	gran bah		5	5
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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	Final combustion analyser reading	Initial combustion analyser reading	Smoke pellet flue flow test Pass/Faii/NA	Spillage test Pass/Fall/NA P	Safety device(s) correct operation Yes/No/NA	Operating pressure in mbar or heat input kW/h or Btu/h	Flue Type OF/RS/FL	Туре		Make and Model	Make		Location		
		TAILS	ON DE	INSPECTION DETAILS	SNI				TESTS	FLUE 1					S	APPLIANCE DETAILS	LIANCE	APP				
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PROPERTY	1 30 P	Harris Person	LAND	*	MARK	Title:	Name & Title:	STATE OF THE PARTY					ı	Name & Title:	Nan				589033	589	Reg No:	Re
	applicable	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	& ADD) NAME	AGENT)RD (OR	LANDLO				DRESS	TION ADI	INSPECTION/INSTALLATION ADDRESS	PECTION/	SNI			S	REGISTERED BUSINESS DETAILS	ED BUSINE	EGISTER	温

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