

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 2669471

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.

		Approve Fitted &	51	4 3	2	-	Gas Installation Pipework:	4	3 2				Tel:	Postcode:		Address:	Company:	Reg No:	KEGIST
	OTHER COM	Approved Audible CO Alarms Fitted & Located Correctly**:					99 lation S		CICHEN.	GOLDON.	Location		2810	1000	YOUK	18 B	Ros	589033	REGISTERED BUSINESS DETAILS
	OTHER COMMENTS OR OBSERVATIONS WISCONDENS OTHER COMMENTS OR OBSERVATIONS	Yes No N/A				GIVE DETAILS OF ANY FAULTS	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 Yes No Emergency Control Yes No Satisfactory Gas Tightness Test: Yes No Bonding Satisfactory:	didsline al beni.	pers	CDA 6 BAG.	Make and Model	APPLIANCE DETAILS	222725	INY.		Chock	Barrion Rumeins + 1	3	JEIAILS
700000000000000000000000000000000000000	IONS SNOIL	Are CO * Alarms in Date:		ALC: NO HILLS		NY FAUL	the landlor	tortes boy	MOX Bo	M.		DETAILS				dayida	Hearing		The state of the s
	PELA TILITIES	ite: Yes		map drik		S	rd the recorded Emergency Control Accessible:	MAS CON	3	HOS PL	Type Flue Type OF/RS/FL		Postcode:		100	30 Livings	Address:	Name & Title:	MOPEU
02/	NEX SA CHEC BEF	No.		LINE TRITLE			corded 'A	UN FESSO		(9,5,	Operating pressure in mbar or heat input kW/h or Btu/h		3010		York	Hum	58		INSPECTION/INSTALLATION ADDRESS
02/12/24	XT GAS AFETY CK DUE FORE:	N/A		T. ETIEN			\ppliance	15 TO 15			ating Safety use in device(s) r or correct operation r Btu/h Yes/No/NA		245. O	3	5	R		1	ALLATIO
		Tes Ala		MOIT OF			No No	apie en		NA	e(s) Spillage ect test ton Pass/Fail/NA		₹P Tel:			elave o	NEWLAND		N AUUNE
Received By:	Print Name: Licence No:	Testing of CO Alarms Satisfactory:		AGBARS TOR IT U		R	Use' res	Supplies		NO	Smoke pellet flue flow test li/NA Pass/Fail/NA	FL				E	DONK	tio to	5
y: one do		tory: Yes 🗹		OLLIERS'S		ECTIFICATION WORK CARRIED OUT	sponse is base Satisfactory Gas Tightness Test:	MUSEUS	6170	20	ue combustion st analyser INA reading	UE TESTS				Ĉ.	DRIVE	The state of the s	
ST William 8	Sonra-1-	K No		1		ATION V	based of Gas fest:	76 III 8	6170	Zb	Final combustion combustion analyser reading	S				Mora de	18	The same	A SOUTH A STATE OF
libut s d	ISSUE	N/A		20 18		VORK C	on a visu	118 to 41	0. Y&S	20	Satisfactory termination ar Yes/No/NA		Nun	Postcode:		THE	Address:	Name	LAINI
	Signed: Issue Date: DECEMBER BY ISSUE DATE:			92 CE81		ARRIE	al check	TOTAL POL	PASS	20	ory Flue visual on condition		Number of appliances tested:	S	80	_		Name & Title:	LUKU (U
(Delete as applicable) Tenant/Agent/La Print Name:	Signed:	Smoke/Heat Alarms Located & Fitted correctly**:		Section 8		D OUT	for obv	918 116	-	V &S	al Adequate ventilation ventilation	INS	pliances	7042	V	3000	KINGLISHING	MACK	N AUEN
Obliete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:	GINEE ate:	t Alarms Fitted corre		DIN DI		ppila	bvious defects only Equipotential Bonding Satisfactory:	ondire	Y83	VES SAV	Landlord's appliance Yes/No/NA	INSPECTION DETAILS	tested:	JXP	MINESTA	Poc	S	Honous) IVAIVIE
ord/Home	2 Miles			Don't		s bells	fects o	900	Aps	168	Inspected Yes/No	ON DE	N	Tel:	188.	Nr.23	13	US D	& AUUI
65	12/8	Yes Z				NOTICE ISSUED Yes/No/NA	nly Yes	2640	1	Y85	Appliance Visual Check Yes/No	TAILS	2	# TOBG		107	\$540	Devide .	LANULURU (UR AGENT) NAME & AUURESS (II applicable)
No one present at time of visit	28	No	5	1			_		Xe d	35	Appliance serviced S Yes/No		5	am .			-	On promise	plicable)
isit		N/A			(LABEL FIXED Yes/No/NA	No No		YES	YES	Appliance Safe to Use Yes/No					25)		SAMO	

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

BF452305

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

Form Ref. REGP45