Reoffin

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

5C 2669468

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.

		T			App	5	4	З	2	-		Gas Install Pipework:	5	4	3 2				Tel:	Postcode:		Address:	Company:	Reg No:	REGI
				01	Approved Audible CO Alarms Fitted & Located Correctly**:							Gas Installation			BILE S	KITCHEL.	Б				4		pany: Roc		REGISTERED BUSINESS DETAILS
				HER CO	le CO Alarr d Correctly*							= (0	equ		Stope.	4	Location		9810	Y031	JONK.	8		589033	USINESS
			escited if necessary.	OTHER COMMENTS OR OBSERVATIONS	Yes No N/A	1	SIENOPHONE		11		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 Ves No Emergency Control Ves No Satisfactory Gas Tightness Test: Yes No Bonding Satisfactory:	g ils listi deno, chedi; linal di p	or hitted to avillable:	bear Upging C32	CDA CRIS	Make and Model	APPLIANCE DETAILS	5 2227215	IEV.		4	Barrens Phaneins + HEATING	33	SUELAILS
			a trolute	SN	Are CO Alarms in Date:		1 01 01				Y FAUL	e landloi	19100	UNI GA E	0	Hos		TAILS	L			SIVISIO	5		
	100	á	NED III		late: Yes		an Bood				TS	rd the r Emerger Accessit	BECK	BICCOM	1949		Туре		Postcode:		T	THE STATE OF	Address:	Name	INSPE
02		E CH	(0	2	1		Der I Der					rd the recorded Emergency Control Accessible:	8 10 9	Brunit	18		Flue Type OF/RS/FL							Name & Title:	CHON/I
02/12/24	1		SAFE	EXT	No		DUZU					rol Y	887 6	S SUL	32kW	19:Swb	Operating pressure in mbar or heat input kW/h or Btu/h		7 010K		York.	Hww	99 1	1	NSIALL
124	Ī		7	3AS	N/A	-	14	1 22				Yes		GUZUI	XF.	YES	Safety device(s) correct operation Yes/No/NA		SHIC.	5		Co	ALL DIANG		A I ION A
Rec		Lice	Prir		Testin Alarm		Mamoria	LIERORD				No	Harris	celbis	ZA	20	Spillage test Pass/Fail/NA		Tel:			Val no	to pack		INSPECTION/INSTALLATION ADDRESS
Received By: Signed:		Licence No:	Print Name:		Testing of CO Alarms Satisfactory:		A CARRO	II BUB			REC	se' resp	GL 01.	a subto	Z	20	Smoke pellet flue flow test A Pass/Fail/NA	FLUE				Timp!	-	10	TO SHARE
TAN THE		39	2		ory: Yes		DATE NO.	na. m			ECTIFICATION WORK CARRIED OUT	sponse is base Satisfactory Gas Tightness Test:	M-9H	MUDER	(6) 10pm	NA	combustion analyser	E TESTS				TOTAL TOTAL	DRIVE	denous	STATE OF THE PARTY OF
H. William		589633	Barron		No No		D. CONCOLL	Shrience			ATION	based y Gas fest:	A SEA	9 110	M (0110pm	25	Final combustion combustion analyser reading	S	200			dago		0.000	
oute ding		0	r dght	ISSU	N/A		1	-			WORK	Yes	olicu p	0 6	S3K Wide		stion Satisfactory termination ser Yes/No/NA		Z	Pog		2	Ado	Nar	A
asquisti ns with	REC		or and	ED BY			SIDGIG!	8	/		CARR	No No	90,100	II I DATE	S PASS	-	actory Flue nation con lo/NA Pass/		umber of	Postcode:	PAST.	Tto.	Address:	Name & Title:	ADLORD
TenaPrint	RECEIVED BY	Issu	Sign	ISSUED BY (GAS ENGINEER)	Smoke		Trum major	ur App		90	IED O	ck for	SI 18	THE THE	54K 55	-	Flue visual Ade condition vent Pass/Fail/NA Ye		Number of appliances tested:	4042		0	KIN		(OR AG
(Delete as applicable) _Tenant/Agent/Landlord/Home Owner Print Name:	ВҮ	Issue Date:	Signed:	ENGIN	Smoke/Heat Alarms Located & Fitted correctly**:		-6	BIG 01		HEUCE	5	Equipo Bondi	NIS LICE	difficult	Sak Sa	Sak Sak	Adequate Land ventilation app Yes/No Yes/	INSPECTION DETAILS	ces teste	60	1	GROVE	KINGEISLAND	MARK HARRIS	ENI) NA
Landlord/I		02	0	EER)	correctly		LICINICA	Work on		cigs b		bvious defects only Equipotential Bonding Satisfactory:	Je abit	B COUN		-	Landlord's appliance Yes/No/NA	CTION	ë. 	CXP Tel:		Pock	CAR.	STORE	AMIE &
łome Owr		2/12	R		*. Yes		2	0.000		898	NOT	ts only actory:	11 11 90	THE DE	38	+	Appl Inspected Vit Yes/No Ch	DETA	2	10.00		POCKUMETON	0	1	UUKES
8 6		123	186 126		No	1	1	9 11		41700	NOTICE ISSUED Yes/No/NA	Yes	23	Ž	X85 X85	-	Appliance Visual Serviced Serviced Yes/No	LS		TOO R		2		BUTTO 1	LANDLURD (UR AGENT) NAME & ADDRESS (if applicable)
No one present at time of visit			T ST		N/A	0,		1		(0)	*	No.	-	(F)						7		55		PROPERTY	cable)
2									,		LABEL FIXED Yes/No/NA				YES.	X	Appliance Safe to Use Yes/No							23.5	

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