

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 2669473

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.

OTHER COMMENTS OR OBSERVATIONS VISSERS (188) RESPIRA	Approved Audible CO Alarms Fitted & Located Correctly**: Yes No N/A Are CO *Alarms i	5	3	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 Gas Installation Satisfactory Visual Yes No Emergency Control Yes No Satisfactory Gas Fightness Test: Satisfactory Gas Yes No Bonding Satisfactory:	at installation check that sil broe 6	3 STECHEN COUNTRY CHEE	1 KITCHEN LOCA LOCA MAX 524	Location Make and Model	APPLIANCE DETAILS	Tel: 0788 2227218	Postcode: Yo3 HY	Address: & PARCION COSE DOLL SO	R	Reg No: 589033	REGISTERED BUSINESS DETAILS
NE SHEET SHE	Are CO Yes No	Disply denimies		AULTS	ndlord the recorded Emergency Control Accessible:	SE OF STRICK DOLL	Davide Fr 10	80 PS 2	Type Flue Type Prince P	LS	Postcode: YO		A STIDS MISSING WAS	Address:	Name & Title:	INSPECTION/IN
NEXT GAS SAFETY CHECK DUE BEFORE:	N/A	THE CHANGE	Specify.		Yes No	MAY TUTTIONS	Yes	YES	Operating Safety pressure in device(s) S mbar or correct heat input operation Pas kW/h or Btu/h Yes/No/NA		YOW SAM, TO		York.	MA WELLINGTON	l	INSPECTION/INSTALLATION ADDRESS
Print Name: 2. Early Licence No: 58033 Received By:	Testing of CO Alarms Satisfactory: Yes	America Acham	nos rebidos y nac	RECTIFICAT	to Use' response is base Satisfactory Gas Tightness Test:	A LIMB LIGHT ON CITYLES	NA NO NA	No 66 630%	Spiliage Smoke Initial Spiliage pellet flue combustion flow test analyser Pass/Fail/NA reading	FLUE TESTS	Tel:		trol tape, lentition	TON SI.	a supported an	RESS
6	NoN/A	Tion Revisation		RECTIFICATION WORK CARRIED OUT	ased on a visual ch	NUGCINA 10 St.	8	SAN MACGOS	Final combustion termination condition reading Yes/No/NA Pass/Fail/NA		Number	Postcode:	THE STATE OF THE S	Address:	Name & Title:	LANDLOF
Signed: Signed: Issue Date: Issue Date: Include as applicable) Tenant/Agent/Landlor	Smoke/Heat Alarms Located & Fitted correctly**:) (deniminal)	व शतिता तेष्ट	RIED OUT	heck for obvio	MINITED THE CHARLE	YES	PAGU YES	Adequate ventilation Yes/No	INSPI	Number of appliances tested:	Y042	GROVE	KINGE ISHER	ŏ	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
AS ENGINEER) Signed:		y hostimic	TO CREE SE	I Z	bvious defects only Equipotential Bonding Satisfactory:	to le le communication	X62 X8	YES YES	Landlord's inspected yes/No/NA	INSPECTION DETAILS	ited:	ZXP Tel:		LER HOUSE	MARK HORRIS RENTHO PROPERTIES	NAME & ADDR
1 3 T	YesNo		adem 1	WARNING * NOTICE ISSUED Yes/No/NA	Yes	th mabe	38K S3K	S44 S44	Appliance Visual Serviced Check Yes/No	AILS	2	1 SOURCE INS	THE STITE OF	E	This prof.	ESS (if applicab
No one present at time of visit	N/A	7		WARNING TAG or LABEL FIXED Yes/No/NA	\		in	SK	Appliance Safe to Use Yes/No				30.		STILL	ile)

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