



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 2885093**

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.

REGISTERED BUSINESS DETAILS

Reg No: **AS963**
Company: **CLIP CFC CASSELLS**
Address: **19 THE AVE
STANLEY LEAM**
Postcode: **W33 0SD**
Tel: **0756127465**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **THE OWNER**
Address: **46 SIXTH AVE**
LEAM
Postcode: **W33 0DS** Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: **ANN SMITH**
Address: **19 THE AVE
W33 0SD**
Postcode: **W33 1EH** Tel:

Number of appliances tested: **05**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type Or Flue	Opening in wall or floor	Safety control	Spillout test	Shower panel test	Flue gas tightness	Flue gas tightness	Satisfactory termination	Flue valve	Approved ventilation	Landlord's test	Approved Check	Appliance Safe to Use
1 KITCHEN	IDEALMINI C30	CH8 DS	1791	YS	1A8	NA	0007	0007	Y18	Y18	Y18	Y18	Y18	Y18	Y18
2															
3															
4															
5															

FLUE TESTS

INSPECTION DETAILS

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 Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

	WARNING NOTICE ISSUED	WARNING TAG IN PLACE
1 NA	NA	NA
2		
3		
4		
5		

Approved Audible CO Alarms Fitted & Localised Correctly: Yes No N/A Audible CO Alarms in Date: Yes No N/A Testing of CO Alarms Satisfactory: Yes No N/A Smoke/Heat Alarms Located & Fitted correctly: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 08/01/18

ISSUED BY (GAS ENGINEER)

Print Name: **STEFAN M LIT** Signed: **[Signature]**
Licence No: **AS9635** Issue Date: **08/01/2018**

RECEIVED BY

Received By: **[Signature]** Tenant/Agent/Property Owner: **[Signature]**
Signed: **[Signature]** Print Name: