This inspection is for gas safety puedition of the Gas Safety (Installat visually and checked for satisfacto internal inspection of the flue integral

Property

Address:

Tenant/Home

Owner*

Post

Code

Tenant/Home

Owner*

APPL

LOCATION

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DETAILS

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applicable)	AGENT DETAILS (if an	I AND ORD/A		
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N. S.	Gas installer her. INO .	1000000000000000000000000000000000000	Address:	
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1000	Gas Safe Register No.	ノークングノンク	Name:	
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stallation pipework visual inspection?	51	4	ω	2	100	ILS OF ANY FAULTS		1 Bohar 1708 1	1000	110	MODEL TYPE Flue Type Operating e.g. CF or RS Pressure Mbar	PPLIANCE DETAILS	r* present during inspection	Tel:	100000	M. SCHOOL VERNE	r* Name:	TENANT/HOME OWNER DETAIL	e flue integrity, construction and many has not been can	ucts	y (Installation and Use) Regulations. Flues were inspec		TETY RECORD		
Next safe check due					Me / May Col / May	LS OF WORK CARRIED OUT NOTICE ISSUED NOTICE ISSUED			The same of the sa	10 10 10 10 10 10 10 10 10 10 10 10 10 1	Heat Input Safety Ventilation CO Alarm	TAILS FLUE Test Termination Visual Combustion Appliance Landlord's In	High Hopocont	POSI Code	Olyk Teli Wy	Address: S & CCCXCON CONTRACTOR OF THE PARTY	Agent Name:	LANDLORD/AGENT DETAILS (in alphinoanie)		Tel: 67700 Engineers Name: (print) C. Cos	ed Post code: 100 500 Time of Issue:	Date Value	Address: G. Color Color Gas Installer Ref. No:	gister No	1

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Pass	Pass	Pass	Pass	Pass /
Fail	L Fail	/ Fail	/ Fail	/ Fail
AN/	(N)	AN/	AN/	/NA

Date: / 0 / / 7 8	Number of appliances tested:	Tenant/Landlord/Agent/Home Owner*	Received on behalf of Landlord / Home Owner: (signed)	Illia daloty i today to today
11				

To re-order quote code 663010-NUM

Copies:

White - Landlord/Agent/Home Owner

Tenant

delete as applicable

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