

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: 624529
 Company: JO KUMBLING
 Address: 7 DWILE COURT
TORONTO
 Postcode: T4P 2P2
 Tel: 07917413896

INSPECTION/INSTALLATION ADDRESS

Name & Title: MR BLADEL
 Address: 4 FRANK AV.
TORONTO
 Postcode: T0L3N3 Tel: _____
 Rented: Yes: No:

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

Name & Title: _____
 Address: _____

 Postcode: _____ Tel: _____

DESCRIPTION OF WORK CARRIED OUT

	APPLIANCE DETAILS					FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No
1	<u>KITCHEN</u>	<u>WOLFERT 30 SI</u>	<u>FF</u>	<u>30W</u>	<u>TEL</u>	<u>NA</u>	<u>NA</u>	<u>GOOD</u>	<u>GOOD</u>	<u>TEL</u>	<u>FAIL</u>	<u>TEL</u>	<u>TEL</u>	<u>TEL</u>	<u>TEL</u>	<u>NO</u>	<u>TEL</u>
2																	
3																	
4																	
5																	

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 Pipework: 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 or LABEL FIXED
			Yes/No/NA	Yes/No/NA
1	<i>[Large diagonal scribble]</i>	<i>[Large diagonal scribble]</i>		
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes No N/A Are 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

Number of appliances tested: ONE

NEXT GAS SAFETY CHECK DUE BEFORE: 5 1 1 1 25

ISSUED BY (GAS ENGINEER)

Print Name: JOHN DRIFLEY Signed: [Signature]
 Licence No: 5581501 Issue Date: 5 JAN 24

RECEIVED BY

Received By: [Signature] (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit
 Signed: [Signature] Print Name: _____