GAS SAFETY RECORD PAD

Report Ref No: 46C 2743641

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: 505124840 | | | | | INSPECTION/INSTALLATION ADDRESS Name & Title: MR BLADEY | | | | | | | | LANDLORD (OR AGENT) NAME & ADDRESS (if applicable) Name & Title: | | | | | | | |
|---|--|--|------------|----------------|--|--|--|----------------------------------|---|--|-----------------------------------|--|--|----------------------|-------------------------|-----------|--|---------------------------------|-------------------------------------|--|
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| | | | | | Address: 7 RUNDLE COURT | | | | | | | TORKE! | | | | | | | 100 | |
| | Packer | CTON | | | | | | | | | | | | | | | - | | | |
| Postcode: T042 217 | | | | | | Postcode: TOO ZRL Tel: | | | | | | | | | | | | | | |
| Tel: 07917413898 | | | | | Rented: Yes: No: | | | | | | | Postcode: Te | | | | | el: | | | |
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| APPLIANCE DETAILS | | | | | | FLUE TESTS | | | | | | | INSPECTION DETAILS | | | | | | | |
| | Location | Make and Model | | Туре | Flue Type OF/RS/FL | Operating pressure in mbar or heat input kW/h or Btu/h | Safety device(s) correct operation Yes/Ng/NA | Spillage test Pass/Fail/NA | Smoke pellet flue flow test Pass/Fail/N/ | Initial combustion analyser reading | Final combustion analyser reading | Satisfactory termination Yes/No/NA | Flue visual condition Pass/Fail/N/ | ventilation | | | Appliance Visual Check Yes/No | Appliance serviced Yes/No | Appliance Safe to Use Yes/No | |
| 1 | BATHROOM | NORESTER | 2. 3 | 05 | FF. | BOKW. | TE | NA | N.A | 004 | 00.4 | Tel | Tack | TEL | Tel | 701 | TEL | No | To! | |
| 2 | | | 1 | | 10470 | | , | | 1973 | - Indiana | 004 | 101 | 1100 | ,,,, | 1 | 161 | 121 | 146 | 761 | |
| 3 | KMCHEN | COA GANC | SAL | HOSE | | 19mgAn | TEI | | | | 1 | Tel | That | 70 | 701 | 4 | TEL | No | اعر | |
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| | | appliances not owned by factory Visual ction: GIVE DETAILS OF | vo | Emerg Acces | gency Co | ntrol | es | No | Sat Tig | tisfactory (htness Tes | Gas Vo | s / | No | E ₀ | quipotent onding S | ial | | SUED | ARNING TAG or LABEL FIXED Yes/No/NA | |
| 1 | | | | 7 | | THE OWNER OF | 1 | 100 | Ena | ha Inteni | Appd ave | o lungu | | | | | | | | |
| 2 | | | | | | | | | enorthen. | am g'ren | dentunat | od: m | 1.45 | | | | | | | |
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| 5 | | | | | | | | | | | | | | | | | h c | | | |
| Ap _i Fitt | proved Audible CO Alarms ed & Located Correctly**: | Yes No N/A | Are Co | os in Date: | res | No N | N/A | Testing Alarms | of CO Satisfactor | v: Yes | No | N/A | Sn | noke/Hea | t Alarms itted corre | otly**· | Yes / | No | N/A | |
| Num | per of appliances tested | ONE. | | | GAS | SAFE | TY C | | | | DRE: | , | 7 | / | (| Full | 1 | 2.9 | 5. | |
| 100 | | ISSUED BY (GAS E | ENGINE | ER) | | | N. T. | CONT | | | 1482-678 | | RECEIV | ED BY | , | | | | THE REAL PROPERTY. | |
| Print | Name: JOHN | STAKEL? Sign | ed: | - | dune s | N-971147 | | Reco | ived By: | The state of the S | 001 | 1 | | (Delete as ap | plicable) | urd/Hama- | | No one p | | |
| | nce No: 558 | | e Date: _ | 7 | -JA | 0 6 | Le | Signe | raisine teen illia de traces- | 11/1 | Hin | 10 | | renanvag rint Nam | ent/Landlo | nu/Home | owner | at time of | visit | |