GAS SAFETY RECORD PAD

Report Ref No: 46C 2743630

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: 62 + 52 9 Company: TO TWMP INC. Address: 7 Tandle Court.	The second second	NSPECTION/INSTALLATION ADDRESS Name & Title: MP BLAST Address: 87 DANUM TOAS LUCTOR) TORIC							LANDLORD (OR AGENT) NAME & ADDRESS (if applicable) Name & Title: Address:								
Postcode: 7042 219. Tel: 07414413898	Tel:			Postcode: Te				Tel:	l:								
o knorz namoctyre tellena mead syrc	DE	SCRIPTION	ON OF	WORK (CARRIE	D OUT				May -							
APPLIANCE DETA	ILS				FLUE	TESTS				INSI	PECTION	ON DE	TAILS				
Location Make and Model	Type Flue Ty OF/RS/	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	Appliance Safe to Use Yes/No		
1 KATCHEN WORKETIER. 3E	col ff.	38HN	Tel	AIM	Alm	ood	ooig	7E 1	THI	Tel	Tel	Tel	70	No	TE		
4 5		e lan l											E-TMARE - E-LIMBO				
Gas Installation Pipework: Satisfactory Visual Inspection: Yes No	ndlord the reco Emergency (Accessible:	Control	iance Sa es	No	and the second	ense is b sfactory C ntness Tes			No	Ec	ious de uipotenti inding Sa	ial		'es <u>/</u>	No _		
GIVE DETAILS OF ANY F	AULTS	lanysas.			REC	ΓΙΓΙCΑΤ	ION WO	ORK CA	RRIED	OUT			WARNIN NOTICE IS: Yes/No/I	SUED	/ARNING TAG or LABEL FIXED Yes/No/NA		
5																	
	ns in Date: res		J/A		of CO Satisfactory		No_	N/A	Sm Lo	noke/Heat cated & F	Alarms itted corre	ctly**:	'es	No_	N/A		
Number of appliances tested:	NEXT GA	AS SAFE	TY C	HECK	DUE	BEFO	ORE:	Ĺ	+	/	(A.A.	/	2	5.		
Print Name: Signed: Signed: Issue Date:	4 4	× 2	4	Rece	eived By: _	We	Blad	is		Delete as ap	plicable) ent/Landlo	ord/Home	Owner	No one pat time o	present		

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