

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 PLUMBING  
 Address: 7 RUNDLE COURT  
ROCKINGHAM  
 Postcode: TO42 2P2  
 Tel: 07917413898

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: MR BLADES  
 Address: 28 THIEF LANE.  
TORK.  
 Postcode: YO10 3TH 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>WIRESTER.</u>	<u>245RI FF.</u>	<u>24KW</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				
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:** 6 1 1 25

**ISSUED BY (GAS ENGINEER)**

Print Name: JOHN DUFFY Signed: [Signature]  
 Licence No: 5581521 Issue Date: 6 JAN 24

**RECEIVED BY**

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