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GAS SAFETY RECORD PAD

Report Ref No: 46C 2743629

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 DE	INSPECTION/INSTALLATION ADDRESS								LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)											
the control of the co						Name & Title: MP_ 3LAO=5							Name & Title:							
	Address: 57 BROATHAY							Address:												
Company: TO TLONGING Address: 7 Revolute Course				FULFORD TOPK										Links.						
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Postcode: 7042			Pos	tcode:	600	tQ1.	Tel:								AND THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO THE	-13				
Tel: 07917413898.				Rented: Yes: No:							Postcode: Tel:									
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APPLIANCE DETAILS							FLUE TESTS					INSF				PECTION 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/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 Us Yes/No		
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Approved Audible CO Alarms Fitted & Located Correctly**:	Yes No N/A	Are CO Alarms i	in Date:	Yes	No1	N/A	Testino Alarms	g of CO s Satisfactor	y: Yes	No_	N/A	S	moke/Hea ocated & I	t Alarms Fitted corr	ectly**:	Yes /	No_	N/A		
Number of appliances tested	~ \ =		NEX	T GAS	S SAFI	ETY C	HEC	K DUE	BEF	ORE:		4	1	1	1/1/21	100	2	5.		
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Print Name: JOHN	MAEN Sign	ned:	SI				Rec	eived By:	KEVI	10 MA	MIN	1	_Tenant/A	gent/Land	lord/Home	Owner	at time	of yisit		