

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: 47268
 Company: CHRISTIAN YOUNG
 Address: 55 BROADWAY
182K
 Postcode: W10 0BZ
 Tel: 07779 40787

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: 211 TANGHALL LANE
 Postcode: _____
 Tel: _____

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

Name & Title: JULIET WILKINSON
 Address: 398 HUNTERTON RD
182K
 Postcode: W03 19DZ Tel: 07811 486602
 Number of appliances tested: _____

APPLIANCE DETAILS

Location	Make and Model	Type
1 KITCHEN	WJ215	CON. COB.
2		
3		
4		
5		

FLUE TESTS

Flue Type OFRS/FL	Operating pressure in boiler or heat input kW/h or Btu/h	Safety devices 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
1 BHT	2.2kW	Y	Y	8.8% 9.8%	0.00012	0.00092
2						
3						
4						
5						

INSPECTION DETAILS

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
Y	Y	Y	Y	Y	Y	Y	Y

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

1
2
3
4
5

RECTIFICATION WORK CARRIED OUT

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

OTHER COMMENTS OR OBSERVATIONS

GENERAL OLD AND MULTIPLE FAULTS ON STATE OF WORKOUT FAILURE

NEXT GAS SAFETY CHECK DUE BEFORE:

04 10 17

ISSUED BY (GAS ENGINEER)

Print Name: A. Coulson
 Licence No: 6217788

Signed: [Signature]
 Issue Date: 17/08/17

RECEIVED BY

Received By: _____
 Signed: _____
 Print Name: _____
 Tenant/Agent/Landlord/Home Owner: _____
 No one present at time of visit