	4 6			
Tel:	Post code:		Address:	Name:
0000000000	1 Cho Cho	Alberte - Tokk	19.45/1/3/CAL	C. Kalled Son
Engineers Name: (print)	Time of Issue:	Date of Issue:	Gas Installer Ref. No:	Gas Safe Register No:
ついんのかんで		10/10/18	N. N.	12000

			Man	DETAILS OF ANY FAULTS REMEDIAL ACTION			CHENGER SIN (SIND) (SA) ASSESSAN	LOCATION MAKE MODEL TYPE Flue Type e.g. CF or RS Mbar Yes/No Yes/No Type Correct Yes/No Yes/No Type Pressure Kw Correct Yes/No Yes/No Yes/No Yes/No Type Operating Heat Input Safety Operation CO Adequate for the correct Yes/No	APPLIANCE DETAILS INSPECTION DETA	Tenant/Home Owner* present during inspection YES/NO	Post Code Tel:	YOUR.	Property Address: 27. FARRES STREET	Tenant/Home Owner* Name:	TENANT/HOME OWNER DETAILS	nternal inspection of the flue integrity, construction and lining has not been carried out.	4 TI	ection is for gas safety purposes only in accordance with the current	VOATE TECUTO	Name:
_	VES VES	YES	THE STATES OF THE	TAKEN DETAILS OF WORK CARRIED OUT LABEL & WAR			13 X3 MANIN XES	Alarm CO Alarm Flue Flow tested Spillage Test Yes/No Termination Yisual Combustion Condition Performance Reading Condition Yes/No Appliance Appliance Appliance Appliance Yes/No Landlord's Performance Reading Yes/No Appliance Yes/No Yes/No	AILS FLUE TEST RESULTS	Landlord/Agent* present during inspection YES/NO	Post Code Tel: 6//6//	1 Xoll	Address: 58. G/cc-Contre	Landlord/Agent* Name: Manth Manue Conference of the Landlord Landlord Agent Name: Manuel Manu	LANDLORD/AGENT DETAILS (if applicable)	CTY/OKKSOO Engineers Name: (print) C. Kakes &	Time of Issue:	Round your Date of Issue: 9/7/24	19.16/16 Cas Installer Ref. No:	C. Karran Gas Safe Register No: 15 76 612

Outcome 으 gas installation pipework visual inspection?

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Outcome 약 gas supply pipework visual inspection?

S the Emergency Control Valve access satisfactory?

S the Protectiv 0 Equipotential bonding satisfa

actory?

Outcome

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gas

tightness

test?

Pass / Pass Pass Pass / Pass / Fail / NA / Fail / NA Fail / Fail X X

> This Safety Record is issued by Gas Installer: (SIGNED)

> > 8

Fail /

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Received on behalf of Landlord / Home Owner: (SIGNED)

Number of appliances tested:

Tenant/Landlord/Agent/Home Owner*

Date:

GAS

SAFETY

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Tenant

Green