## LANDLORD/HOME OWNER GAS SAFETY RECORD

Print Name:

Report Ref No: 45C 9868922

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

	TERED BUSINESS	DETAILS			INS	PECTION	/INSTALL	ATION A	DDRESS				LANDI	ORD (OF	AGENT	) NAME		DECC //	analiaabi	
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													Numb	er of app	liances t	tested: _				
	APPLIANCE DETAIL										TESTS		INSPECTION 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 Use Yes/No
1 /	Kitchen	Ideal	Omorre C.	37 P	scile	RS	19.1	Tes	NA	NA	-0007	-0005	705	Pass	Yes	Tes	Tes		Tes	Tes
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Signed: