

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: 302755  
 Company: c b s u  
 Address: 10 MILL FIELD ROAD YOKU  
 Postcode:  
 Tel:

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: OCCUPYERS  
 Address: THE VILLA TRAPACE  
 88 YOKU  
 Postcode:  
 Tel:

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

Name & Title: MR J FUNDAY  
 Address: 36 VIKING ROAD  
 STAFFORD BRIDGE  
 Postcode:  
 Tel:  
 Number of appliances tested: TWO

**APPLIANCE 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 flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 KITCHEN	IDEAN i 30	COMBI	RS	30kW	YES	NA	NA	8.9	8.8
2 KITCHEN	DIPLOMAT SELECT 4B	HOB	FL	20MB	N/A	NA	NA	NA	NA
3									
4									
5									

**FLUE TESTS**

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
YES	PASS	YES	YES	YES	YES	YES	YES
NA	NA	YES	YES	YES	YES	YES	YES

**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
YES	PASS	YES	YES	YES	YES	YES	YES
NA	NA	YES	YES	YES	YES	YES	YES

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 Satisfactory Visual Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No

**GIVE DETAILS OF ANY FAULTS**

Rectification Work Carried Out	Warning Notice Issued Yes/No/NA	Warning Tag or Label Fixed Yes/No/NA
1		
2		
3		
4		
5		

**OTHER COMMENTS OR OBSERVATIONS**

Approved Audible CO Alarms Fitted & Located Correctly\*\*: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes  No  N/A

**NEXT GAS SAFETY CHECK DUE BEFORE:**

03/10/25

**ISSUED BY (GAS ENGINEER)**

Print Name: c b s u  
 Licence No: 5053519  
 Signed: [Signature]  
 Issue Date: 03/10/2024  
 RECEIVED BY  
 Received By: [Signature]  
 Print Name: JOHN FUNDAY  
 Tenant/Agent/Landlord/Home Owner: [Signature]  
 No one present at time of visit