

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

4319342

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.

of visit	at time of visit	Owner	rd/Home	Tenant/Agent/Landlord/Home Owner rint Name:	_Tenant/Agen Print Name:	Pri	anoissu)	dige: we	J. Side line in	ed By:	Received Signed: _	125	26/11 /25	¹ / ₀	ST AUTOMA	.700%		1		
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	28	13	24	ite:	Issue Date:			33	589033	e No:	Licence No:	RE:	EFO.	B						T
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			=	INEER	SENG	3Y (GA	ISSUED BY (GAS ENGINEER)	IS				AS	NEXT GA	2		RVATIONS	OTHER COMMENTS OR OBSERVATIONS	HER COMME	ОТН	
N/A	S	Yes I		Smoke/Heat Alarms Located & Fitted correctly**:	noke/Heat cated & Fir	Sm	N/A	No	ses \f	Testing of CO Alarms Satisfactory:	Testing of Alarms S		No N/A	Yes /	Are CO Alarms in Date:	Are CC Alarms	No N/A	Correctly**: Yes	Approved Audible CO Alarms Fitted & Located Correctly**:	T. /
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	1	1	108	0 200	TBRILLIII.	11811	991916	1	U COLUE	ILE ABO	GISHOL	BILL	USDE II	NAME OF TAXABLE STR	Sinsko	R 100 G 32	appropriate.			4
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Yes/No/NA	1000000	Yes/No/NA	5	307	TUO	RRIED	RK CA	OM MO	ECTIFICATION WORK CARRIED OUT	RECT	I		B	ı	ULTS	OF ANY FA	GIVE DETAILS OF ANY FAULTS			_
WARNING TAG o	100000	WARNII																		1
NO I	řes k		ects of all tisfactor	Equipotential Bonding Satisfactory:	or obvi	No	visual	sed on a	sponse is base Satisfactory Gas Tightness Test:	Satis Tight	to Use	No No	trol Yes	rd the recorded Emergency Control Accessible:	Emerg Acces	No	Yes	For appliances Satisfactory Visual Inspection:	Gas Installation Pipework:	Pip
		naber	1.00	51005	1 951	15 03	USCIIC	16 0)	II THE	TO TOT	Brilling.	HELE	82.60 8	delo	od Ko	ex matelial	our cueck uns	9010 18.7		5
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YES	XIS	Y8X	AK	Yes	YES	3	No	760	NA	3	S	YES	19.5ms	4	(ADSOR)	RANGE	MAN MORTO		Pichty	3 1
1834	YES.	838		- Comment	YES	PASS	YES .			20	3	YES	-	Ro	Bour	Max S24	DEAL LOSIC 1			,
Appliance Safe to Us Yes/No	Appliance serviced Yes/No	Appliance Visual Check Yes/No	Inspected Yes/No	Landlord's appliance Yes/No/NA	Adequate ventilation Yes/No	Flue visual condition Pass/Fail/NA	ation NA	Final scombustion tanalyser reading	Initial combustion analyser reading	Smoke pellet flue flow test Pass/Fail/NA	Spillage test Pass/Fail/NA P	Safety device(s) correct operation Yes/No/NA	Operating pressure in mbar or heat input kW/h or Btu/h	Flue Type OF/RS/FL	Туре	<u>o</u>	Make and Model	Location	Loca	
		TAILS)N DE	INSPECTION DETAILS	INSF				TESTS	FLUE					S	APPLIANCE DETAILS	APPLIA			
		2		ested:	iances te	Number of appliances tested:	Numbe				Tel:			Postcode:	Post		2727215	0785 25	7	lel:
V	HURBIN	1	Tel:	36	31 8AE	e: Yo3	Postcode:											A031 142	tcode:	Po
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	2000	14 0	CHING CHING	Colins I	20	R	Max By	3	ed loyda	and and	Piriti	Ten Solder	Mary Hard	STREET		مسمود الشو			Address: 8	Ad
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Pasenetiks	Prepr	Burto	175	HARRIS	MARK		Name & Title:				Ro.	Hull	319	Name & Title:	Nan			589033	Reg No: 58	Re
e)	applicabl	RESS (If	& ADDR	NAME :	AGENT)	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	LANDLO				DRESS	TION ADI	INSPECTION/INSTALLATION ADDRESS	PECTION/	INS		S	REGISTERED BUSINESS DETAILS	EGISTERED BI	=
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Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452409

* IF YES, PLEASE REFER TO SEPARATE
WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45