E Collin

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4319339

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.

		Appr	5 4	ωκ	-		Gas In Pipew	5	4	ω N	-			<u>e</u> :	Postcode:		Address:	Company:	Reg No:	REGIS
	OTHER COM	Approved Audible CO Alarms Fitted & Located Correctly**:					Gas Installation Satisfactor Inspection:	g soin i		KLTCHARU.	COO DAD HOOGUN	Location		10	40	STOCKTON	00	Cos	0: 58903	REGISTERED BUSINESS DETAILS
	OTHER COMMENTS OR OBSERVATIONS	Yes No N/A Are	A STATE OF THE STA			GIVE DETAILS OF ANY FAULTS	For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only Satisfactory Visual Satisfactory Visual Yes No Emergency Control Yes No Satisfactory Gas Yes No Bonding Satisfactory:	installation, onedy to avail	sor titled is autigate.	CDA	loval Losic Max 030	Make and Model	APPLIANCE DETAILS	C121227 981	E	W. York.	Chillesty Cost	Bornon Rusins + Herring	33	TAILS
	S	Are CO Alarms in Date:	nighted ha			FAULTS	andlord t	K polet	A BOOK	Hos	Gmes	Туре	AILS	F					7	
N		Yes	anton B				rd the recorded Emergency Control Accessible:	060 5 1	DI BOILD	+	Rs	Flue Type OF/RS/FL		Postcode:		Sur N	TOWNS THE	Address:	Name & Title:	INSPECTION/INSTALLATION ADDRESS
25/11/25	NEXT SAFI HECK BEFC	8	A STATE OF THE STA				ded 'App ontrol	Dalako		19.5km	30KW	Operating pressure in mbar or heat input kW/h or Btu/h				Your.	Down	28	(e.	N/INSTAL
1/25	GAS ETY C DUE PRE:	N/A					oliance S	V (U R.S)	augus.	NES /	YES	Safety device(s) correct operation Yes/No/NA				ζ.	2000	SIN	h	LATION A
Received Signed:	Print	Testing Alarms	- Tana	Neces			afe to Us	BITTOTICE	o all a mark	3	3	Spillage test Pass/Fail/NA		lel:			מם בער	SOREMIN		DDRESS
Received By:Signed:	Print Name: _Licence No: _	Testing of CO Alarms Satisfactory:	of arcille	II SEEL		REC	se' respo	HOLVER	9 800	NB	B	Smoke pellet flue flow test Pass/Fail/NA	FLUE				STATE OF	H		
Trofferon	P. 8	Yes /		6) (8)		CTIFICATION WORK CARRIED OUT	sponse is basec Satisfactory Gas Tightness Test:	The state of	Par Agua	28	C6 141	Initial combustion analyser reading	JE TESTS				TEST TOTAL	No. of Line		
TICK MIR.	Barnon 8	N				ION WO	ased on a	me con	tine title	26	一年の	Final combustion analyser reading					TOTAL P			
S BLOUBLE	SSUED	N/A	918		1	DRK CA	a visual	Macad	0 9%	38	Y83	Satisfactory termination Yes/No/NA		Numb	Postcode:		and a second	Address:	Name &	LANDL
RECEIVED BY (Delete as application) Tenant/Agg Print Name	BY (GA	Sm	100	228		RRIED	No	100 81		N	Pass	Flue visual condition Pass/Fail/NA		Number of appliances tested:	e: Yosi	6	MAXBY	612	Name & Title: MARK HARDS	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
(Delete as applicable) _Tenant/Agent/Landlord/Home Owner Print Name:	Signed: Issue Date:	Smoke/Heat Alarms Located & Fitted correctly**:	rotalin	SIGHT.	Moss	TUO	or obvio Equ Bon	BUCE I	DB DW	748	\$3Y	Adequate L ventilation a Yes/No Y	INSP	ances tes	10	625	3 6	M	LAUR)	AGENT)
nt/Landlord	NEER)	larms ed correcti	O HOM	2116 88	slade		ovious defects only Equipotential Bonding Satisfactory:	iliggia .	EN INCOME.	188	Y85	Landlord's appliance Yes/No/NA	INSPECTION DETAILS	sted:	AL T		acidos	MIZT	Lancs	NAME &
l/Home Ov	11/52	y**. Yes		8	55 60	NO	sfactory		8/1/8	XES	728	Inspected Yes/No	N DET		Tel:		Ma al	THE	140	ADDRE
12.6	124	1	1		O/LE-36	WARNING * NOTICE ISSUED Yes/No/NA	y Yes	Testa I		X88	YES	Appliance Ap Visual St Check Y	AILS	2	1990		STREET I	6000	PENTED PROPRIES	SS (if ap
No one present at time of visit	2. 168	No				-	1		9	Yts	SAY	Appliance serviced S Yes/No			BRI		ā	Mont	Nooke.	plicable)
sent sisit		N/A			100	WARNING TAG or LABEL FIXED Yes No/NA	No No			Sak	VES	Appliance Safe to Use Yes/No					30	0.	TRS	

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

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

Form Ref. REGP45