## Reglin

## LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

15C 4319344

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.

		App	5	4	3 2	-		Gas I	5	4	3	2	-			<u>-</u>	Tol.	Postcode:		Address:	Company:	Reg No:	REGI
BIL THOMPSTOWN	OTHER COM	Approved Audible CO Alarms Fitted & Located Correctly**:						Gas Installation Satis Pipework: Inspe	Bilbs		200	har en	L BOT THINK	Location		0000		ode: STOCKON		0	Ros 1	No: 589033	REGISTERED BUSINESS DETAILS
	OTHER COMMENTS OR OBSERVATIONS	Yes No N/A Are CO Alarms in Date: Y					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 Tightness Test:  No Satisfactory Gas Tightness Test:  No Satisfactory Satisfactory:  No Satisfactory Obvious defects only Satisfactory Gas Tightness Test:  No Satisfactory Visual Yes No Satisfactory:	is half Joseph half at	a le sudable.	TORAL LOGIC Max 630	1000	Hasari	APPLIANCE DETAILS  Make and Model  Type	APPLIAN	5 7441613	9	WOLL TOWN	1	DYECTORY CLOSE	Sorren Pumpulst	S	ETAILS
	RVATIONS			1 P. (F. 60 St.				ned by the land	ger jostalia:	alth por title		25			ICE DETAILS	Postcode					+ Destino		
	- AB-			Suria K				Emerg Access	H N	Chim	See and	Jame.	HOR				Doct	T	I		Address:	Nam	INSF
26/11/128	Ω >	Yes		S IIII				rd the recorded Emergency Control Accessible:	g s jo	STUTTE	3	00	P	Flue Type OF/RS/FL		oue.	nodo:			Total Property	ess:	Name & Title:	ECTION
	SAFE HECK BEFO	No		Solle 16				ed 'Appi itrol y	S Dated	Spik to	2000	Salva Salva	10.5	Operating pressure in mbar or heat input kW/h or Btu/h				SOOK	- Comment	H.M.	19 CYCL	١	INSPECTION/INSTALLATION ADDRESS
	REPORT TY SAS	N/A		1	No.			Yes K		alliene	-	YES C	244	Safety device(s) correct operation Yes/No/NA				1		2			ATION A
Received By:	Print	Testing Alarms		Salicotta	THEODES!			No _	DISTRIBUTE OF	CSIDIES	ŧ	100	25	Spillage test Pass/Fail/NA		<u>.</u>	Tol.		1	Ross	4		DDRESS
	Print Name: Licence No:	Testing of CO Alarms Satisfactory:		e wedge	9308		REC	se' resp Sa Tig	10.10	RIGE S	3	,	Z	Smoke pellet flue flow test Pass/Fail/NA	FLUE					di noni			
A THE DAY	R	y: Yes /		Solutor	Cer uni		TIFICA	sponse is base Satisfactory Gas Tightness Test:	H-Sun	BUTAN .	0100	200	417	initial combustion analyser reading	TESTS					NAME OF TAXABLE			
St. Miller	8290.33	No			The same		ECTIFICATION WORK CARRIED OUT	Gas Y	tine of	he uns	00 17 0	( 102	5	Final combustion analyser reading							- Section		
Mark of	Signed:/ Signed:/ Signed:/	N/A		Source of	1		ORK C	Yes	nation	100 001	7700	200	3	Satisfactory termination Yes/No/NA		Num		Postcode:		or the same	Address:	Name	LAND
RECE	BY (G			art agas	50	1	ARRIE	No	200 B	an illustration	6	Ones O	3	y Flue visual condition A Pass/Fail/NA		Number of appliances tested:		100%	2	B	6	Name & Title:	LORD (O
RECEIVED BY (Delete as applicable) Tenant/Agent/La Print Name:	AS ENGIN Signed: Issue Date:	Smoke/Heat Alarms Located & Fitted correctly**:		HELLING	ardin à	689	OUT	for obv	10 B	10. SIDS	ē	787	Nac.	Adequate ventilation A Yes/No	INS	oliances t	0	A	100		612 N	MARK	RAGENT
Delete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:	GINEER	t Alarms itted corre		OTTO	2000	Chaiss		ovious defects on! Equipotential Bonding Satisfactory:	appe	Drid III	197	244	234	Landlord's appliance Yes/No/NA	INSPECTION DETAIL	ested:	1	AF	4	Row >	-	HANNIS	) NAME
ord/Home (	185			TIE CHILD	CORRE	2 35 8	7	fects or	B/1 1	(Well	8	DAY.	247	Inspected Yes/No	ON DE	2		Tel:		o disco	11 11		& ADDR
2.5	124	Yes /	1	1	edam	041,98	NOTICE ISSUED Yes/No/NA	y: Yes	gear!	STEAT OF	-		Y87 >	Appliance Appliance Check Yes/No	FAILS		Communication of the last	Towns I		the Court	1 000	Phythe Properties	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
No one present at time of visit	1 - 8	No			1	03	*	1	City City	0		-	Y68 .	Appliance serviced Sa				20		En	Lose	Delgan	plicable)
sent		N/A				1	VARNING TAG or LABEL FIXED Yes/No/NA	₹ 			1	87%	238	Appliance Safe to Use Yes/No								A.A	

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