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LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4383804

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.

Reg No	REGISTERED BUSINESS DETAILS					INSPECTION/INSTALLATION ADDRESS							LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)								
	Reg No: 589033					Name & Title:								Name & Title: KENIN BLADES							
Company: Rob Balera Pringing + Legring.				Add	Address: 1 NEW AND RATCK CLOSE								Address: STONELEIGHA								
Address: 8 Byecroh Close				nie	York.								SONOTHE LANE SUTTEN ON DEWENT.								
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Postcode: Ya3I IHY.							No. 200 April					Postcoo	de: Yo	41	TBX	Tel: C	7739	1855	90		
el: 0785 2277215				Pos	Postcode: YO 10 3HV Tel:							Number of appliances tested: 2									
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		APF	LIANCE DETAIL	LS			il de la companya de		FLUE	TESTS				INS	PECTION	אט אכ					
	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 Us Yes/No		
1	1	Linner star	2 BOSCH 24i	System	Rs	29/2	YES	PASS	NA	689	Co89.	YES	PASS	YRC	YES	YES	YES	YES	YES		
0	LITCHEN.		L DOSCHLEFT	Has	2,	19mb	YES	NO	NA	NA	NA	NA	NA	YES	YES	Y&S	428	YES	YES.		
3	SITICAEN,	CoA		1190	110	UNGO															
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Pipew	nstallation Satis rork: Inspe	ection:	'es No	Acces	ssible:				rig	tisfactory (htness Tes	St.	nam e	d ni ne		quipotent onding S		WARNI	NG *	WARNING TAG		
GIVE DETAILS OF ANY FAL					LTS RECTIFICATION						TION W	WORK CARRIED OUT						NA NA	Yes/No/NA		
1																			/		
2					uez e e la estala en en en estala en en en es																
3								GHU T	MOVE	10 - 10		100		175	MITCH	6					
4																					
		· ·			-00-000	City of the		No. of Concession, Name of Street, or other teams, and the street, and the str	WE O					1 01				/			
5		/	N/A Alarm	0	Yes /	No	N/A	Testing	of CO Satisfacto	ry: Yes	No_	N/A		moke/Hea	Fitted corr	ectly**	Yes V	No_	N/A		
5	roved Audible CO Alarms	Yes No	IN/A Alarm	is in Hate.			_									colly .	PACE TO SERVICE				
5	roved Audible CO Alarms ed & Located Correctly**:						040		NAME OF STREET			SSLIFE	BY (G.	AS EN				1000			
5			DBSERVATIONS			NEXT				-0.0		SSUED	BY (G		GINEE		and the same of th	1291			
5						NEXT SAFE	TY	Print	Name:		anviou			Signed	GINEE	R)	A.				
5						NEXT SAFE HECK	TY DUE		Name:						GINEE	R)	0, 2	5-			
5						NEXT SAFE	TY DUE				anviou			Signed:	GINEE	R)	A.	5			

Signed: