## LANDLORD/HOME OWNER GAS SAFETY RECORD

Print Name:

Report Ref No: 45C 9868921

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

REGISTERED BUSINESS DETAILS				INSPECTION/INSTALLATION ADDRESS							LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)							
Reg No:	~ .	11 -1		Name & Title: Vocant							Name & Title: 5 Doubson							
Company: Abbey Ambing + Healing Address: 41 Kinkdale Road				Address: 53 Crossways							Address: 305 Hull Road							
Postcode: 1010 3NQ Tel: 078764927 21				Postcode: MOIOSHT Tel:							Postcode: 70103LU Tel:							
iei: 0 / 0 / 0	349(22		Pos	tcode:	1010.	JM I	Tel:				Numb	er of app	liances	tested:			19	
		APPLIANCE DETA	ILS				7	FLUE	TESTS				INS	PECTION	ON DE	TAILS		The second
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 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 Use Yes/No
1 GENTAGO	Ideal	Voque C32	Baler	RS	18.6	165	NA	NA	00000	-0002	Tes	Poss	res	Mes	Yes.	Tes	Jes	yes
2 Kitchen	Bellino	1 FS50650	Cooke	FL	20	les	NA	NA									(	
3		J													8	917.	1900	18
4						17.89												
5		not owned by the la							1571					15.512.1151.	2 - 27 11			
	Satisfactory Visual Inspection:	Yes No	Emerg	gency Co ssible:	ntrol Y	es 🗾	No _	Sat Tig	tisfactory G htness Tes			No		quipotent onding S		ry: 1 = \	res -	No _
GIVE DETAILS OF ANY FAULTS							PECTIFICATION WORK CARRIED OUT									ARNING TAG or STICKER FIXED		
1								TILO	TITIOAT	ion we		WIIIIED	001			Yes/No/	NA	Yes/No/NA
2													35.0	naileq	a bell	398-M	1001	1,6
3																		λ
4						68	3	Ji noisi	CS 15	rampte				inne i	480	002	10 1	
5	etalisn			11 11 1		1.00							13	1 10 1	MEDI	AUFIT		
Audible CO Appro	oved CO is Fitted: Yes	No N/A	Are CO Alarms in I	Date. Ye	s No	N/A	/	Testing	of CO Satisfacto	ry. Yes	No	N/A		Smoke	Fitted:	Yes	No	N/A L
	MANUAL MANUAL AND	R OBSERVATIONS			UEVT (	240		7 (letitio	Galisiaoto	Manager Const.	SOLIED	DV /0/	O EN					
OMER	SOMMENTS OF	N OBSERVATIONS			NEXT ( SAFE				30	20175		BY (GA			1)			
				C	HECK			: Name: .		304	SOVI		Signed:	all and a second	16	Tal.	24	Mer.
		JUST I LOOP WARRY			BEFOI		Licer	nce No: .	4	<i>37</i>			Issue D	ate:	10	1/9	-	-0+
						A I THERE	THE REAL PROPERTY.		Maria de la companya									
					6109				NO ON		Committee to the committee of	RECEIV	(Delete as a				No one	

Signed: