

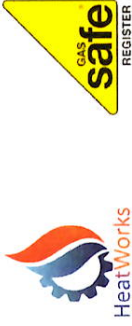
Serial No:
1854467

To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5500 or www.gassaferegister.co.uk

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

HeatWorks with Liam
Gas Safe Reg. No: 657315
49 Brecksfield, Skelton,
York, YO30 1YE
Tel. No: 07903 313 675



DETAILS OF REGISTERED BUSINESS				JOB ADDRESS				LANDLORD/AGENT ADDRESS							
Name: HeatWorks with Liam				Name: MIR MORAR											
Gas Safe Reg. No: 657315				Address: 71 CASTLEFIELD CRESCENT				Address: 16 YORK AVE							
49 Brecksfield, Skelton,				YORK, YO10 5HZ				LITTLE LEVER							
York, YO30 1YE								BACON, BL3 1LW							
Tel. No: 07903 313 675				Tel. No:				Tel. No: 07947100955							
Is Accommodation Rented? (Y/N) Y								No. Of Appliances Tested: 1							
Satisfactory Visual Condition (Y/N) Y				Emergency Control Accessible (Y/N) Y				Satisfactory Gas Tightness Test (Y/N) Y							
Gas Installation Pipework				Equipotential Bonding Satisfactory (Y/N) Y											
Appliance Location		Appliance Make		Appliance Model		Appliance Type		Type of Flue (OF/RS/IFL)		Landlords Appliance (Y/N)		Appliance Inspected (Y/N)			
1	Kitchen	Baxi	800 3600	CHB	RS	Y	Y						Y		
2															
3															
4															
5															
Inspection Details															
Operating Pressure in mbar and or Heat Input in KW/Btu/h		Are Safety Devices Working? (Y/N)		Satisfactory Ventilation? (Y/N)		Flue Visual Condition (Pass/Fail/NA)		Flue Performance Checks (Pass/Fail/NA)		Combustion Analyser Reading CO CO2 Ratio		Appliance Serviced (Y/N)			
1 19mb		Y		Y		PASS		PASS		0.0020 181		Y			
2															
3															
4															
5															
Defect(s) Identified				Warning Advice Issued? (Y/N)				Work Carried Out				Details Of Work Required			
1								Gas Valve Adjusted							
2															
3															
4															
5															
Received By: J. MORAR				Date: 19/07/25				Issued By: L. BATTY				ID Card No: 657315			
Print Name: J. MORAR								Signature: [Signature]				Date: 19.7.25			
Top Copy : Agent/Landlord				Middle Copy: Tenant				Bottom Copy: Engineer				To reorder this pad visit www.gasfm.co.uk or call 0800 690 6404			
												©GasFM			
												The Next Gas Safety Check Must Be Completed By: 19.7.26			