

LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4624694

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	3	2	-		Gas Instal Pipework:	5	4	3 2	1			lon.	Tol:		Address:	Company:	Reg No:	REGIS
		OTHER CON	Approved Audible CO Alarms Fitted & Located Correctly**:							lation S	Dibe		KITCHEN.	CARRES	Location		0010		Sto	8	Ros	0: 589033	REGISTERED BUSINESS DETAILS
		OTHER COMMENTS OR OBSERVATIONS	Yes No N/A		non and arthrophysics				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 Gas No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Bonding Satisfactory:	appliances not owned by the	of higher in smitable.	GAS	JOHNE LOGIC MAK (30	Make and Model	APPLIANCE DETAILS	Coopers			LLONT GLOSE	Sonnon Rungins + Aleston	>	ETAILS
		NS	Are CO Alarms in Date:		ALCH CA				/ FAULT	landlord	SOCI BLA	out to the	408	Swa) O	Ty	TAILS				Sive B			
281			te: Yes 🗸		- E				S	rd the recorded Emergency Control Accessible:	S DIVOR	Inte dans	5.	BI RS	Type Flue OF/P		r osicode.	Post		DISTURB	Address	Name & Title:	INSPEC
	CHE	NEX	No		MINISTER STATES					Control	880 01 6	Aupenin	18.5%	S 30kN	Ope Press OF/RS/FL heat kW/h c					One on	a	Title: -	INSPECTION / INSTALLATION ADDRESS
28/11/126	HECK DU BEFORE:	XT GAS AFETY	N/A		1000					Appliano Yes	10 8	OR SIL		-	Operating S pressure in den mbar or cc heat input kW/h or Btu/h Yes		me orok	5	YOUR	June	Sycus	1	STALLAT
32	RE:	S			118811	A DESCRIPTION OF THE PERSON OF			ı	No No	15 N BD	er eng	经	Yts 7	Safety device(s) correct operation Yes/No/NA		100		-	Roop	35		ION ADD
Received Signed:	Licence N	Print Name:	Testing of CO Alarms Satisfactory:			100				to Use'		Class II	7	8	Spillage pe test fi		<u>.</u>	1		0	5		RESS
d By:	No:		CO isfactory:		1	ahiana			RECTI	respon. Satisf Tightr	16	E E	2	NO	Smoke pellet flue of flow test Pass/Fail/NA	FLUE T				of an			
	588	2.80	Yes		91180	1989			FICAT	Sponse is base Satisfactory Gas Tightness Test:	818)	DAM. B	20	6110	Initial combustion analyser reading	TESTS				al long			
	589033	Bonkon.	No I		1				ECTIFICATION WORK CARRIED OUT	as Yes	R6 (0)	100	8	6 116	Final combustion analyser reading							To look	
		ISSUED BY (GAS ENGINEER)	N/A		STATE OF THE PERSON NAMED IN	1	1		ORK C	a visua	Qui Di Si	OLK OF	N	, Yes	Satisfactory termination Yes/No/NA		Numb	Postcode:	Po		Address	Name	LAND
RECEIVED BY (Delete as app. Tenant/Agg Print Name		вү (с	L.8			N OF L			ARRIE	No No	8 600		Š	Pass	Flue visual condition Pass/Fail/NA		Number of appliances tested:	de:	Poarineion	TUP	S:	Name & Title:	.ORD (01
(Delete as application) Tenant/Agen Print Name:	Issue Date:	AS ENG	moke/Hea ocated & F		SHILLING.	Share 3		890	TUO	for obv	Nes II		YES	74S	Adequate ventilation A Yes/No	INS	oliances	7092	6702	GP.	FINE	五	R AGENT
pplicable) gent/Landlo	ate:	SINEE	Smoke/Heat Alarms Located & Fitted correctly**:			000		bbitsi		ious de juipotent onding Si	Softwa.		YES	838	Landlord's appliance Yes/No/NA	PECTION	ested:	CXP	baso	GROUS	RINGHISHER	Hanns) NAME
(Delete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:	25	3						B 155		ovious defects ont Equipotential Bonding Satisfactory:	EN N	D SIM	XES	168	Inspected Yes/No	INSPECTION DETAILS		Tel:	2	Ē.		RELITED	& ADDR
1	3/11/	6	Yes Y		,	Militaber		VALIDALISEDI	WARNING NOTICE ISSUED	nly y: Yes	abber	DEVE	YES	846	Appliance A Visual Check Yes/No	TAILS	2	1	BUCHSTUG	NI STILL	28		LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
No one present at time of visit	25	193	No			1		9	*	1			F	89.K	Appliance serviced S		1	6	18	i.		Proples s	oplicable)
isit I			N/A				1	Windings	WARNING TAG or LABEL FIXED	No			YES	YES.	Appliance Safe to Use Yes/No					(5	8	3 4	THE PARTY

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

BF452411

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

Form Ref. REGP45