## GAS S

P. ONEIWY	Engineers Name: (print)	07592608496	Tel:
10:30	Time of Issue:	4024 SNF	Post code:
31-10-28	Date of Issue:	York	
į.	Gas Installer Ref. No :	10 ME Conceps	Address:
487815	Gas Safe Register No:	O. ONEWLY	Name:

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the Protect	Outcome of gas tightness test?	the Emerge	tcome of g	tcome of g						D			MICHON	BATIHLIAM	LOCATION		Tenant/Home Owner*	Post Code	MINA	Property Address:	Tenant/Home		nal inspectio	on of the Gas	inspection is	AS	
ive Equipo	as tightne	ency Contr	jas supply	jas installa						ETAILS (			LANCE	W'CESTAI	MAKE	APPLI		1010	N S	ess:	Owner* Name:		n of the flue	s Safety (Inst	for gas safe	SAFE	1 :
tential bon	ss test?	ol Valve ac	pipework v	tion pipew						DETAILS OF ANY FAULTS			MASTEN	JUNION	MODEL	APPLIANCE DETAILS	present during inspection	3 PM	7	N 4	ne:	TENANT	integrity, con-	allation and	ty purposes	- Y	į
Is the Protective Equipotential bonding satisfactory?		Is the Emergency Control Valve access satisfactory?	Outcome of gas supply pipework visual inspection?	Outcome of gas installation pipework visual inspection?						FAULTS			CKR	C. H. S	TYPE	ETAILS	inspection	Z Tel:	(1)	THE		TENANT/HOME OWNER DETAILS	internal inspection of the flue integrity, construction and lining has not been carried out	edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed	This inspection is for gas safety purposes only in accordance with the current	AS SAFELY RECORD	1
ctory?		ctory?	ction?	spection?	5	4	ω	2	1				F	PS	Flue Type e.g. CF or RS					2 6		WNER DI	ining has not b	ons. Flues were	ance with the	OKU	) (
Pass	ass	Pass	Pass	Pass									26.0	` \	Operating Pressure Mbar		(A)		Your	PAC		ETAILS	een carrie	e inspected	current		
ass / Fail / NA	/ Fail / NA	Sasi / Fail / NA	/ Fail / NA	/ Fail / NA						REME				22.9	Heat Input Kw		ES/NO		>				d out.	ailed d			
	area.			Dan Lite		-				REMEDIAL ACTION TAKEN			Z	A)	Safety Device Correct Operation Yes/No	ECTION DETAILS							Tel:	Pos		Ado	Name:
Date:	Number of	enant/La	Received	his Safet						CTION	L		E	1	Ventilation Co Adequate Yes/No	N DET								Post code:		Address:	ne:
3	of appliance	Tenant/Landlord/Agent/	Received on behalf of	ty Record		i i				TAKE			E C	M	CO Alarm CO fitted to Yes/No Pa	AILS	Lan	Pos		Add	Lan		0.	_		5	,0
- 10		gent/Hor		d is issue				101		Z	-		1 530	2	CO Alarm FI tested Pass/Fail P.		dlord/Ag	Post Code		Address:	_andlord/Agent* Name:		7592	024	101	2	20
.25	s tested:	/Home Owner*	dlord / H	ed by Ga									JA	VA	Flue Flow S Test Pass/Fail		jent* pre	102		23	jent* Nar		8097	N	MA	ति	The same
	7	er*	ome Ow	ıs Install						ᇛ			Z	ZA	Spillage Test Pass/Fail	끋	sent duri	11 +2	10/	5	ne:	LAND	9648	1		22	2
	0		andlord / Home Owner: (signed)	This Safety Record is issued by Gas Installer: (SIGNED)						TAILS O			NA	E.	Termination Satisfactory Yes/No	FLUE TEST	Landlord/Agent* present during inspection	NO	N	MENN	Loih	LORD/A				290	
				_						F WOF			MCV	MSS	Visual Condition Pass/Fail		on	Tel:		0	$\circ$	GENT	Enginee	Time of Issue:	Date of Issue:	Gas Inst	Gas Saf
				and l	7			5		DETAILS OF WORK CARRIED OUT			NA	0.0012	Combustion Performance Reading CO: CO2 Ratio / CO2 CO			11: 07900		AWE	ANPECT	LANDLORD/AGENT DETAILS (if applicable)	Engineers Name: (print)	Issue:	lssue:	Gas Installer Ref. No:	Gas Safe Register No:
				2						TUO			M	M	Appliance ng Safe To Use Yes/No		YESNO	25			r	applicable	P.		-123		Ŋ.
	0.1	2)/15	check du	ATTEN					Yes	NOTICE I			E	NEW YEAR	Landlord's Appliance Yes/No	RESULTS	0	66 39					ONETH	0:30	- 10 - 2		4868
	1	5	du	Z					1		3				=	Table 1		1				255	7		10		

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

delete as applicable

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