GAS SA

me: dress:	2	Gas Safe Register No: Gas Installer Ref. No:
ress:	17 DE CAUSOS	Gas Installer Ref. No :
	Your	Date of Issue:
st code:	1024 3nt	Time of Issue:
	9648 0926510	Engineers Name: (print)

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					- 1	0.25	31-11	W	Date:	NA	Pass / Fail / NA	Pa	tory?	ng satisfac	Is the Protective Equipotential bonding satisfactory?	ve Equipot	e Protecti	Is th
6.				10	Two	tested:	Number of appliances	er of ap	Numbe	NA	Pass / Fail / NA	Pa			s test?	Outcome of gas tightness test?	come of ga	Outc
22					ner*	Tenant/Landlord/Agent/Home Owner*	d/Agent/I	/Landlor	Tenant	ANA	Pass / Fail / NA	P a	tory?	ss satisfac	Is the Emergency Control Valve access satisfactory?	ncy Contro	e Emerge	ls th
유			5)	andlord / Home Owner: (signed)	Home Ow	.andlord /	Received on behalf of L	ed on be	Receiv	AN	Sas9 / Fail / NA	Va	ion?	ual inspect	Outcome of gas supply pipework visual inspection?	as supply p	come of g	Outc
AT		ulla		er: (signed)	Safety Record is issued by Gas Installer: (SIGNED)	sued by (cord is is	afety Re	This Sa	NA	Pass// Fail / NA	Ca	pection?	k visual ins	Outcome of gas installation pipework visual inspection?	as installati	ome of g	Outc
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Yes													1					
LABEL	TUC	DETAILS OF WORK CARRIED OUT	F WOR	TAILS C	DE		KEN	ACTION TAKEN	ACTIO	REMEDIAL	REM			ULTS	DETAILS OF ANY FAULTS	ETAILS O	D	
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M	D	0.0009	Mes	H	Z	NA	SYNS'S	NA NA	以	H.	23.2	- F	200	C. H. S	EXCLUSIVE	IDEAN.	METATA	E.
Landlord's Appliance Yes/No	Appliance Safe To Use Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Visual Condition Pass/Fail	Satisfactory Yes/No	Spillage Test Pass/Fail	Flue Flow Test Pass/Fail	Ventilation CO Alarm CO Alarm Adequate fitted tested Yes/No Yes/No Pass/Fail	n CO Alarm fitted Yes/No	Ventilation Adequate Yes/No	Device Correct Operation Yes/No	Operating Heat Input Pressure Kw Mbar		Flue Type e.g. CF or RS	TYPE	MODEL	MAKE	LOCATION	5
RESUL1	R			FLUE TEST	끋	To the second		TAILS	INSPECTION DETAILS	PECTI	SNI	Name and Address of the Owner, where the Owner, which is the Own		AILS	APPLIANCE DETAILS	APPLIA		
	YESMO		ion	Agent* present during inspection	resent duri	/Agent* pi	Landlord				VES/NO	3		spection	Tenant/Home Owner* present during inspection)wner* presi	int/Home C	Tena
8	55 66	1: 07900	Tel:	DY	24	le 1/0	Post Code							Tel:	600	4030	Post Code	Post
				own	10									M	4	AFTON	2	
		Druce	25	Pour	3	cal	Address:			m	LANE	Th	STUNE	SURTOW	26 B	ss: 2	Property Address:	Prop
		AMPSELL	0	Join	ame:	Landlord/Agent* Name:	Landlord		à						le:	Tenant/Home Owner* Name:	nt/Home C	Tena
	plicable)	LANDLORD/AGENT DETAILS (if applicable)	GENT	LORD/A	LAND						S	ETAIL	VNER D	OME OV	TENANT/HOME OWNER DETAILS	STATE OF		
MIL	Po	Engineers Name: (print)	Engineer		9648	60	07592	0	Tel:		ried out.	been car	ing has not l	action and lin	internal inspection of the flue integrity, construction and lining has not been carried out.	of the flue in	al inspection	interna
 W	,	Issue:	Time of Issue:		SWF	2 4	/	9:	Post code:	T	ted	e inspection. A d	s. Flues wer	 e) Regulation on of product 	edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed	Safety (Insta	of the Gas	edition
10.	2	ssue:	Date of Issue:			Mas	_					current	ice with the	y in accordar	This inspection is for gas safety purposes only in accordance with the current	for gas safety	spection is	This in
		Gas Installer Ref. No :	Gas Inst	2027	Crus	3	17		Address:	Ъ				KEC.	GAS SAFELY RECORD	AFE	AS	G
3022	2	Gas Safe Register No:	Gas Safe			<u>z'</u>	NA	0	Name:	7			,)

To re-order quote code 663010-NUM

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(J)

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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