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for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.	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	
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resent f visit	No one present at time of visit		(Delete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:	pplicable) gent/Land	(Delete as applicable) Tenant/Agent/La Print Name:	P		= =		Ву:	Received I	1 8	2/2	621 12 123					3	
	22	12/	02/	ate:	Issue Date:	RECEIVED BY	D	333	589033	0:	Licence No	0	职	BEFO						
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			고	GINEE	SEN	BY (GA	ISSUED BY (GAS ENGINEER)	ISS			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1		GAS	NEX1			SERVATIONS	OTHER COMMENTS OR OBSERVATIONS	OTHER CON	
N/A	No	Yes L	Smoke Alarms Fitted:	Smoke Alarms		N/A	No.	Yes	Testing of CO Alarms Satisfactory:	esting of larms Sa	To Al	N/A	No	Are CO Alarms in Date: Yes	o s in Date	Are CO Alarms	NO N/A .	Alarms Yes No	Approved CO Alarms Fitted Correctly:	Audible CO Alarms:
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Yes/No/NA		Yes/No/NA		SARE	00	五元正	K CA	NWO	ECTIFICATION WORK CARRIED OUT	ECIII	7					AULIS	GIVE DETAILS OF ANY FAULTS	GIVE DETAIL		
WARNING TAG or LABEL FIXED	*	WARNING .		100 ASS									SELLY OF	Starting	P DEAC	Deep		policy to too adde	noticog no	
\$	Yes		visual check for obvious defects only Equipotential Bonding Satisfactory:	quipotent anding S	for obv	No	visual	S D	sponse is base Satisfactory Gas Tightness Test:	Satisfac Tightnes	Use' re	No No	Yes	ontrol	rd the recorded Emergency Control Accessible:	Eme Acce	wned by the la	For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on Satisfactory Visual Yes No Emergency Control Yes No Tightness Test: Yes	= (0	Gas Installation Pipework:
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YES	YES	Sak	ĕ	YES	45	Z	2	2		20	2	NA	S VES	Zorno	45	Nes		CAC	2	2 KHICHON
YES	YES	YES	YES	NES	Yes	SXA	SES	145	1456	6	NO	NA	S. A.	3042	PS	Causi	MAX C30	iora Logic !	C STIED.	1 BIKE
Appliance Safe to Use Yes/No	Appliance serviced Yes/No	Appliance Visual Check Yes/No	Inspected A Yes/No	Landlord's appliance Yes/No/NA	Adequate ventilation Yes/No	Flue visual condition Pass/Fail/NA	Satisfactory Flue visual termination condition Yes/No/NA Pass/Fail/NA	Final Succession Succe	Initial combustion conanalyser a reading r		Smoke pellet flue flow test flow test Pass/Fail/NA	s(s) Spillage test test ton Pass/Fail/NA	ng Safety a in device(s) or correct out operation stu/h Yes/No/NA	Operating pressure in mbar or heat input kW/h or Btu/h	Flue Type OF/RS/FL	Туре	d Model	Make and Model	Location	
		TAILS	INSPECTION DETAILS	PECT	SNI				STS	UE TESTS	F					S	APPLIANCE DETAILS	APPL		
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	applicable	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	& ADD) NAME	AGENT	RD (OR	LANDLO				SS	INSPECTION/INSTALLATION ADDRESS	LLATION	N/INSTA	SPECTIO	N		ETAILS	REGISTERED BUSINESS DETAILS	REGISTERE
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* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45