GAS SAFETY RECORD

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	Tel:	Post code:	-	Address:	A dalla.	Name:	GAS INSTAI						
1	Oレビッグをかってつ	1050 SZ9	Rucciffe, Ale Date of Issue:	19 LEIGHTON CHOK- Gas Installer Ref. No:	C. KOSERISON	101.6	GAS INSTALLER: (Trading Title)						
(b)	Engineers Name: (print)	Time of Issue:	Date of Issue:	Gas Installer Ref. No :	Gas Safe Register No:	とうくいり	2 1						
1.1000000	Engineers Name: (print)		12/89/01	N	15/00/								

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e Prot	come	e Eme	come o	come o					1					CARO.	Cicaca.	LOCATION		Tenant/Home Owner*	Post Code	1	Property Address	ant/Hor		al inspe	n of the lv and c	nspection
ective	of gas	rgenc	of gas	of gas					30	DET	1			1,	3	2		ne Ow		4	ddress	ne Ow		ction of	Gas Sa thecked	on is for
Equip	tightn	y Cont	supply	install					Z'	ETAILS OF				1	TO CESTO	MAKE	APPL			13	30	Tenant/Home Owner* Name:		the flue	atety (In I for sati	gas sa
otentia	Outcome of gas tightness test?	rol Val	/ pipev	ation p					4	OF A				2	3	3	APPLIANCE D	esent c		3	TA	ame:	TEN	e integri	stallatio sfactory	fety pur
l bond	1.5	ve acc	ork vi	ipewoi					1	NYF				BUNLE	3/6	MODEL	E DE	during ii		1	1		ANT/	ty, const	n and U	oses or
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?					12	ANY FAULTS				140	575	, TYPE	ETAILS	present during inspection		0	0	8	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
isfacto		tisfacto	spectio	al inspo					B	S				2	18TEM			on	lel:	S.C.	3		E OW	and linin	ulations. roducts	cordanc
īy?		iy?	'n?	ection?					1/3					3	X	Flue Type e.g. CF or RS				-	2		NER	g has no	of comb	e with the
					5	4	ω	2	E.		\			N1	N						7	1	DETA	ot been	vere inspose	ne curre
Pass / I	Pass / F	eass / I	Pass / I	Pass / I						R		\		50	000	Operating He Pressure Mbar		YES/NO		0	S		ILS	carried	pected A detaile	nt
Pass / Fail / NA	Pass / Fail / NA	Eass / Fail / NA	Pass / Fail / NA	Pass / Fail / NA					0	EME		\		1		Heat Input Kw	INSPI	NO		1	7			out.	Ď.	
								,	1	DIAL /		\	,	1	25	Safety Device Correct Operation Yes/No	CTIC			1				Tel:	Po	
Date:	Number of appliances	Tenant/Landlord/Agent/Home Owner*	Received on behalf of Landlord / Home Owner: (SIGNED)	This Safety Record is issued by Gas Installer: (SIGNED)					B	REMEDIAL ACTION TAKEN				1	1	Ventilation CO Alarm CO Alarm Adequate fitted tested Yes/No Yes/No Pass/Fail	INSPECTION DETAILS							**	Post code	
10	r of app	_andlor	d on be	fety Re					5/	N TA				X	B	fitted Yes/No	TAIL							0		
8	oliance	d/Agent	ehalf of	cord is						KEN				ZZZ.	No.	m CO Alarm tested Pass/Fail	S	Landlo	Post Code		Addres	Landlo		1	X	3
1	s tested:	/Home	Landlo	issued										8	3			rd/Age	ode		ss:	Landlord/Agent* Name:		22001	7	000
W	ď	Owner	rd / Hor	by Gas					_					1	B	Flue Flow State Test Pass/Fail		nt* pres			OB	nt* Nar		XXX	S	1
	11	*	ne Owi	Installe						ᇛ				1	1	Spillage Test Pass/Fail	프	Landlord/Agent* present during inspection			3	ne:	LANI	3	0	3
	E		ner: (sic	er: (sign						DETAILS				5	25	Termination Satisfactory Yes/No	FLUE TEST	ring ins			\ \ \ \	3	DLOR	8,		X
	6		NED)	ED)						유		1		3	201	_	TSE	pection			8	1/2	D/AG		-1	2
,										WORK		\				Visual Condition Pass/Fail			Tel:	X	N. S.	1	LANDLORD/AGENT DETAILS (if applicable)	Engineers Name: (print)	Time of Issue:	Date of Issue:
				41					80	240000000			1	5	60	Com Performar CO2 Ratio			Ö	8	1,50	300	DETA	rs Nam	lssue:	ssue:
				R						CARRIED			1		200	Combustion Performance Reading CO: CO2 CO			7.	y	(1/3	LS (if	e: (print		
										0 TU0					X			ΥE	1				applic		,	
													(37	(4)	Appliance L Safe To Use / Yes/No	ᇛ	YES/NO				33	able)		1	3
	: (1	Ne	ATT					Yes	LABEL				250	1	Landlord's Appliance Yes/No	RESULTS					7		Constant of the constant of th		6
	:0	0	Next safety check due by:	ATTENTION					Yes (NO)	LABEL & WARNIN			1	7		Inspected Yes/No	S				(1		2	8	N
l	: 1	7		2					NON	NIN			1	7. 1	0	No No						1		B		V

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

1940757

delete as applicable