LANDLORD/HOME OWNER GAS S

	Tel:	Post code:		Address:	Name:	GAS INSTA
	Engineers Name: (print)	1630 520 Time of Issue:	RAWCCOFFE, JORK Date of Issue:	19,1616 CO/ Gas Installer Ref. No:	afe F	GAS INSTALLER: (Trading Title)
-			22/06/22		インノンノ	8

	Name:	Gas Safe Register No:	17/1/1
GAS SAFELY RECORD	Address: 1912	MATEN CLOS	2004
This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected	Rowc	CAFFE YOUR Date of Issue:	22/06/23
visually and checked for satisfactory evacuation of products of combustion. A detailed	Post code:	SO SZO, Time of Issue:	
mornal inspection of the line line line girly, construction and lining has not been carried out.	out. [lel:	Engineers Name: (print)	II) C. ROSCIZZO
TENANT/HOME OWNER DETAILS		LANDLORD/AGENT DETAILS (if applicable)	f applicable)
Tenant/Home Owner* Name:	Landlord//	andlord/Agent* Name:	ナンデー
Property Address: 63-65 Nounge Of	11 STACKE- Address:	3	· CIIIK
Yor	*	HOCK .	
Post Code Tel:	Post Code	Tel:	
Tenant/Home Owner* present during inspection YES/NO		Landlord/Agent* present during inspection	YESNO
APPLIANCE DETAILS	INSPECTION DETAILS		
LOCATION MAKE MODEL TYPE Flue Type Operating Heat Input e.g. CF or RS Pressure Kw	Safety Ventilation CO Alarm CO Alarm Device Adequate fitted tested Operation Yes/No Yes/No Pass/Fail	Flue Flow Spillage Test Termination Visual Combustion Test Pass/Fail Satisfactory Condition Performance Reading Pass/Fail COMBUSTION COMB	Appliance Landlord's Inspected Yes/No Yes/No
2 Kicken toek "Spei Comp. R.S 20.	1/63/1/8 7/8 7/18	N/AN/A 1/ES PAR @ 1988	XX XX
3			
4			
DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	D OUT LABEL & WARNING
2 CAS PIPE NOS SCORVES	IN WARC		Yes
3			
4			
5			
ion?	Pass / Fail / NA This Safety Record is issu	This Safety Record is issued by Gas Installer: (SIGNED)	ATTENTION
	Pass / Fail / NA Received on behalf of Lar	Received on behalf of Landlord / Home Owner: (SIGNED)	Next safety check due by:
Is the Emergency Control Valve access satisfactory?	Pass / Fail / NA Tenant/Landlord/Agent/Home Owner	me Owner*	40
Outcome of gas tightness test? Pass /	Pass / Fail FNA Number of appliances to	tested:	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Is the Protective Equipotential bonding satisfactory?	Rass/Fail / NA Date: 22/c	22/90	

Copies: White - Landlord/Agent/Home Owner

To re-order quote code 663010-NUM

Green - Registered Gas Installer

* delete as applicable

1797977