GAS SAFE LANDLORD/HOME OWNER

	Tel·	Post code:		Address.	Addross.	Name:		GAS INSIA
Engineers Name: (print)		Time of Issue:	Killer of Issue: 15/08/27	Color		Gas Safe Register No: 17762	10/12/2020	GAS INSTALLER: (Trading Title)

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 visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out. TENANT/HOME OWNER DETAILS Tenant/Home Owner* Name: Prost Code Type Post Code Type APPLIANCE DETAILS LOCATION MAKE MODEL Type e.g. CF or RS Midear Midea Mide	Name: Address: Post code: Tel: Post Code Post Code Post Code Correct Ves/No Pass/Fail Pass/Fail Co Alarm Co Alarm Pass/Fail Pass/Fail Pass/Fail Pass/Fail Pass/Fail Co Alarm Pass/Fail Pass/Fail Pass/Fail Pass/Fail Co Alarm Pass/Fail	Gas Safe Register No: Gas Installer Ref. No: Date of Issue: Eigineers Name: (print) Combustion Coc. School Ves/No Pass/Fail Cong Ratio / Co2 Co Pass/Fail Combustion Coc. School Ves/No Yes/No Yes/No
me Owner* present during inspection	Post Code Landlord/Agent* present during inspection	VEC/NO.
ETAIL	INSPECTION DETAILS FLUE TEST	RESULTS
LOCATION MAKE MODEL TYPE Flue Type e.g. CF or RS	Heat Input Safety Ventilation CO Alarm Flue Flow Spillage Test Termination Visual Device Adequate Correct Operation Yes/No Yes/No Yes/No Pass/Fail Pass/Fail Satisfactory Condition Pass/Fail Pass/Fail Set Termination Visual Flue Flow Spillage Test Termination Visual Pass/Fail Set/Set/No Pass/Fail Set/Set/No Pass/Fail	Appliance Landlord's Safe To Use Appliance Yes/No Yes/No
257 18440> 425 X825 1875	- Kesolinkes Pass W/A w/A > les Torse	1000 1000 1000 1000 1000 1000 1000 100
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DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN DETAILS OF WORK	CARRIED OUT LABEL & WAI
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5		
Outcome of gas installation pipework visual inspection?	Pass / Fail / NA This Safety Record is issued by Gas Installer: (SIGNED)	ATTENTION
	Pass / Fail / NA 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*	Condo
Outcome of gas tightness test?	Pass / Fail / NA Number of appliances tested:	13.636
Is the Protective Equipotential bonding satisfactory?	Pass / Fail / NA Date: / S	

Copies: White - Landlord/Agent/Home Owner To re-order quote code 663010-NUM

Green - Registered Gas Installer

Pink - Tenant

1797974

* delete as applicable

