## GAS SAFETY RECORD PAD

Report Ref No: 46C 2703051

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

Print		Numb	Appr	5	4	ы	2	-		Gas In Pipew	5	4	з	2	-					Tel:	Postcode:		Address:	Company:	Reg No:	REGIS
Print Name:		Number of appliances tested:	Approved Audible CO Alarms Fitted & Located Correctly**:		1.197					Gas Installation S Pipework: In		A LEAN OF STATE OF LAND ASSESSMENT		12000	Lich	Location					de:		S:	ny:	STAN GRANDELL SC	REGISTERED BUSINESS DETAILS
Signed:		sted:	ms Yes No N/A			DIRTY IN THE STATE OF THE STATE			GIVE DETAILS OF ANY FAULTS	Satisfactory Visual Yes N	is the lead the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only	thy tot one beleighing need a		1to Brea	1 Dent land	Make and Model	APPLIANCE DETAILS	CITY A SIMPLE SALES. CHOISE	THE PROPERTY OF THE PARTY OF TH	SCH JEZ		7000		Hor william	28172	DETAILS
Signed:		NE	Are CO Alarms in Date:					davas	ANY FAULTS	No En	the landland	AG INDICATION US		も、一方で	Jes &	Туре	DETAILS	a a throughing	Spire and payer	I Re	Pa	All Control of		A	z	
		XT G	Yes		State of	Type of the same		COSTORE	0,	Emergency Control Accessible:	the man	CHISS DO		5 8	D. PS	Flue Type OF/RS/FL		THE SOLL	DE	Hented:	Postcode:			Address:	Name & Title:	ISPECTIO
2		NEXT GAS SAFETY CHECK	NO NO			S Estrança		ON HOUSE		Control	odod (An	168 M		いいい	2731	Operating pressure in mbar or heat input kW/h or Btu/h		SDOCKS	DESCRIPTION OF WORK CAR	J.co.	1	1		4	le:	INSPECTION/INSTALLATION ADDRESS
23		FETY	N/A							Yes	nlianco (		(	7	S. A.S.	g Safety in device(s) correct t operation wh Yes/No/NA			ION OF		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ANTO	P		LATION A
Rec		CHEC	Testin Alarm			41				8	Safe to II			7	5 W 88	Spillage test Pass/Fail/NA			WORK		101:	1	3	STATE OF	,	DDRESS
Received By: Signed:		K DUE	Testing of CO Alarms Satisfactory:		STORES .		Mary		REC	Sar	se' resn			M	MA	Smoke pellet flue flow test Pass/Fail/NA	FLUE						200	J	0	
		BEFORE:	ry: Yes_		ACTOR NO.		provis tuyeu		ECTIFICATION WORK CARRIED OUT	Satisfactory Gas Tightness Test:	onse is b		MILL DINE	)	800	Initial combustion analyser reading	TESTS		RIED OUT		STATE STATE					
		ORE:	NO				- ISANUTRO	TAR DECU	ON WO	aas Yes	ased on		SOLOS USOS	need at	8006	Final combustion analyser reading			de dina							
- Company		0	N/A		Section 18		T 916 T	Self-transfer	DRK CA		a visual		I I GE	tw	100	Satisfactory termination Yes/No/NA			8		Postcode:			Address:	Name & Title:	LANDLO
T Pri	RECEIVED BY	D	Loc		10000		1		RRIED	हें	check fo		THE STATE OF	I	1 × ×	D			Camin' C		BELL ALE				Title:	RD (OR A
(Delete as applicable) _Tenant/Agent/La Print Name:	D BY	-	Smoke/Heat Alarms Located & Fitted cor	(bul)			11/W 11-14	181 201	TUO	Equip Bond	robviou	-		8	95	Adequate Lan ventilation apr	INSPE		Manual Manual		1380	4				GENT) NA
<sub>able)</sub> t/Landlord/H		Western	Smoke/Heat Alarms Located & Fitted correctly**:		80			TOWN THE		Equipotential Bonding Satisfactory:	s defect		81	50		lA Yes	CTION		Though I		Tel:	+			The second	ME & AL
(Delete as applicable) Tenant/Agent/Landlord/Home Owner rint Name:		-	*: Yes			+	THOUSE	Name of	NOTICE Yes/	actory:	's only		4	2	C	acted Visual Check Yes/No	INSPECTION DETAILS		Span Son						SER THE	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
			No I	-				100 100	Yes/No/NA			- Colore	The Branch	3	17	Appliance serviced Yes/No	S		hiodic		THE CO				0.7	f applicable
No one present at time of visit		X	N/A						Yes/No/NA	No Narning Tag or				4	Jes	Safe										

Licence No: \_\_

Dink Customer/Tenant (if rented)

BF462303

\* IF YES, PLEASE REFER TO SEPARATE
WARNING NOTICE - DANGER DO NOT USE REPORT PAD Print Name: \_

Form Ref. REGP46