

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 for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

REGISTERED BUSINESS DETAILS

Reg No: 248172
 Company: Heat W. Co.
 Address: 1000
 Postcode: 1000
 Tel: 1000332

INSPECTION/INSTALLATION ADDRESS

Name & Title: 285 Adams
 Address: 285 Adams
 Postcode: 10004040
 Tel: 10004040
 Rented: Yes ☒ No ☐

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title:
 Address:
 Postcode:
 Tel:

DESCRIPTION OF WORK CARRIED OUT

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in bar or heat input kW/h or Btu/h	Safety device(s) in correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analysis reading	Final combustion analysis reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected appliance Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000
2	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000
3	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000
4	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000
5	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000	14000

FLUE TESTS

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Satisfactory Visual Inspection: Yes ☒ No ☐ Emergency Control Accessible: Yes ☒ No ☐ Satisfactory Gas Tightness Test: Yes ☒ No ☐ Equipment Potential Bonding Satisfactory: Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1																	
2																	
3																	
4																	
5																	

Approved Audible CO Alarms Fitted & Located Correctly: Yes ☒ No ☐ N/A ☐ Are CO Alarms in Date: Yes ☒ No ☐ N/A ☐ Testing of CO Alarms Satisfactory: Yes ☒ No ☐ N/A ☐ Smoke/Heat Alarms Located & Fitted correctly: Yes ☒ No ☐ N/A ☐

Number of appliances tested: 2

NEXT GAS SAFETY CHECK DUE BEFORE:

DD /

ISSUED BY (GAS ENGINEER)

Print Name: 1000
 Signed: 1000
 Issue Date: 1000

RECEIVED BY

Received By: 1000
 Signed: 1000
 Print Name: 1000
 No one present at time of visit ☐