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.

	Numbe	Audible CO Alarms:	OI	4	ω	2		Gas In Pipew	0	4. n	ω	2	1					Tel:	Postcode:		Address:	Company:	Reg No:	REGIS
	Number of appliances tested:							Gas Installation Pipework:					2	<i>\</i>					de:		S:	ıny:	٠. ١	ERED B
	ances tes	Approved CO Alarms Fitted Correctly:			b								200	Location							10		NE	REGISTERED BUSINESS DETAILS
	sted:	CO Aları rectly:			3			Satisfactory Visual Inspection:	or app				E		\			1		0	1	XX.	Est	SUETAII
ISSUED BY	0	ns Yes					GIVE D	y Visual	liances				JA C	-					9	P	0	10	71	S
	R	N N					GIVE DETAILS	Yes	not ow		3		7	Make and Model	APPLI/				12	1	305	4	-	
GAS EN	١	N/A						No	ned by				10 m	Model	NCE				KON		*	P	>	
(GAS ENGINEER)							OF ANY FAULTS		the lanc				\$V		APPLIANCE DETAILS				V	(3		
五 五	NEX	Are CO Alarms in Date:			931-A 160		JLTS	Emerg Acces	llord the				37/5		S			Rented	Pos		_	Add	Nan	INS
	NEXT GAS SAFETY CHECK D	n Date:						Emergency Control Accessible:	For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only				5	Flue Type OF/RS/EL			DES	,	Postcode:			Address:	Name & Title:	INSPECTION/INSTALLATION ALDRESS
	SAF	Yes					,		ed 'App				390	Operating pressure in mbar or heat input kW/h or Btu/h		3	DESCRIPTION OF WOR	Yes:	531	1		1		/INSTAL
	ETY (No.						Yes	liance S			1	1 por	Safety device(s) correct operation h Yes/No/NA		20	ON OF	No:	M		1	9	1	LATION /
RECEIVED BY	CHEC	N/A						N N	Safe to I				3	Spillage test Pass/Fail/NA		3	MORK		Tel:		5/2/	6	5	ALURES
	X DU	Tes Ala					곮	-100	Jse' res				3	Smoke pellet flue flow test NA Pass/Fail/NA	FLE	8	CAR			,		300	本	S
	UE BE	Testing of CO Alarms Satisfactory:		Ē			CTIFIC	Satisfactory Gas Tightness Test:	ponse i		1	80 8	2007	lnitial combustion st analyser	UE TESTS	200	RIED OUT					100	-	1
	BEFORE:	O sfactory:				3	ATION	ry Gas Test:	s basec				30,00	-	S	N						4	BANEL	1
	14.	Yes					WOR	Yes	on a v	-		ļ.,	Sep.	Final Sati				L Po			0	Ac	Z	5
	N	8					CAR	N N	isual ch	-			7 88	Satisfactory Flu termination co tes/No/NA Pass				Postcode:				Address:	Name & Title:	NDLOR
		N/A		5			ECTIFICATION WORK CARRIED OUT		eck for				188 X	Flue visual Ade condition ven						\			le:	OR AC
	/	A S					T	Equipo	obvious			ļ.,	18	Adequate Landlord's ventilation appliance Yes/No Yes/No/NA	INSPECTION DETAILS									ENT) N
	0	Smoke Alarms Fitted:						Equipotential Bonding Satisfactory:	defect			-	X	Company of the Land Company	NOITO			Tel:						ME & A
		ed: Yes		3			NOTIC Yes	actory:	's only			١,	S S	Appliance Inspected Visual Yes/No Check Yes/No	DETAIL									DDRESS
	Bi	No No				Name and A		*				-	To	nce Appliance al serviced ck Yes/No	S							1	1 1/2 81	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
	4	0 N/A					Yes/No/NA	No WARNING TAG or					No.	Appliance d Safe to Use Yes/No									/	ble)

Form Ref. REGP46

Print Name:

★ IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Signed: Received By:

BF462210

Copies: White - Landlord Green - Engineer Pink - Customer/Tenant (if rented)

Print Name: Licence No:

Signed: _ Issue Date:

(Delete as applicable)
Tenant/Agent/Landlord/Home Owner No one present at time of visit