

### REGISTERED BUSINESS DETAILS

## INSPECTION/INSTALLATION ANDREBECC

Name & Title: THE OCCUPED  
Address: 3 GREEN DRIVES LANE  
TOWN  
Postcode: YO10 3NL Tel:

NAME & TITLE: ANN SMITH  
ADDRESS: 19 THE ALE  
HAYES  
POSTCODE: YO32 1EH

## FLUE TESTS

## INSPECTION DETAILS

[illegible]

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 Pipework:	Satisfactory Visual Inspection:	Emergency Control Accessible:	Satisfactory Gas Technician's Test:	Equipotential Bonding:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

**GIVE DETAILS OF ANY FAULTS**

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1	BB	BB	BB
2	BB	BB	BB
3			
4			
5			

## RECTIFICATION WORK CARRIED OUT

NOTICE ISSUED 10/10/2004	22
LABEL PENDING 10/10/2004	22

Approved audible CO Alarms Etioid & located correctly <sup>7</sup>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are CO Alarms In Date	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Testing of CO Alarm's Satisfactory	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Smoke/Heat Alarms located & Erted correctly <sup>8</sup>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## OTHER COMMENTS OR OBSERVATIONS

**NEXT GAS  
SAFETY  
CHECK DUE  
BEFORE:**

ISSUED BY (GAS ENGINEER)

Print Name: A. Ferrelle Signed: Yerling

Licence No: 225763 Issue Date: 5/10/2024

RECEIVED BY

Received By: Maddie See version 1  
Signed: MUG Parent Name: \_\_\_\_\_  
(Please use appropriate Tenth/Agent/Commissioner's name)  
No one present at time of visit ☐

Copies: ☐ Write - Landlord/Agent/Home Owner    ☐ Groov - Engineer    ☐ Pink - Tenant (if rented)

BF452306

● IF YOU PLEASE REFER TO SEPARATE  
WRITTEN NOTICE. CATERING DOES NOT HAVE ANY OTHER INFO.

Form No. 1-60 AE