

Serial No
7637 788513

LANDLORD/HOMEOWNER GAS SAFETY RECORD



This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 521203
Registered Engineer's Name JBW YAN
Gas Safe Register Licence Number 5550109
Business BUSHEY DRIVE BISHOPTON
Address year
Postcode YO23 2R
Contact No 0800 6125234

Details of Site

Name (Mr/Ms/Miss/Ms) BROWN
Address PO1 OFFICE FLATS
HELSWICK YEAR
Postcode
Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Ms/Miss/Ms) BROWN
Address BROWN STREET
HELSWICK YEAR
Postcode
Contact No

Number of Appliances tested

ONE

Appliance Details

	Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	<u>CULBOARD</u>	<u>10M31</u>	<u>IDEAL</u>	<u>LOGIC T35</u>	<u>/</u>	<u>Y</u>	<u>Y</u>	<u>RS</u>
2								
3								
4								

Inspection Details

	Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	SAFE TO USE		Requested to test			
								Yes/No	Yes/No	CO Alarm		Smoke Alarm	
										(if fitted) Location	Tested	(if fitted) Location	Tested
1	34.3kW	PASS	Y/N	PASS	PASS	0.0013	Y/N	Y/N	FAIL	Pass <input checked="" type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
2										Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
3										Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	
4										Pass <input type="checkbox"/> Fail <input type="checkbox"/>		Pass <input type="checkbox"/> Fail <input type="checkbox"/>	

Safety Related Defect(s) Identified

GLUP classification eg. AR, ID

Warning/Advisory Record insert form serial No*

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out, or Further Action Required

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

Outcome of gas installation pipework visual inspection?
Outcome of gas supply pipework visual inspection?
Is the Emergency Control Valve access satisfactory?
Outcome of gas tightness test?
Is the Protective Equipotential bonding satisfactory?

Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail

Record issued by: Signature

Print Name

Received by: Signature

Date appliance(s)/flue(s) checked

ATTENTION

Next safety check due by:

16/12/25