Serial No:

1774782

DETAILS OF REGISTERED BUSINESS

To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5500 or www.gassaferegister.co.uk

LANDLORD/HOMEOWNER GAS SAFETY RECORD



LANDLORD/AGENT ADDRESS



This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation complies with relevant Building Regulations.

Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

JOB ADDRESS

Н	eatWorks with Li	am			Na	Name:				Name: WATSON PROPERTIES			
Gas Safe Reg. No: 657315						Address: 19 PINCLANDS WAY				Address: 5TOCKTON LOCKE			
						YOKK, 4010 3QJ				SANDY LANE			
1	Brecksfield, Skel	ton,								MORK, MO32 9UT			
1	ork, YO30 1YE	Tel	Tel. No:				Tel. No: 07770333851						
Te	el. No: 07903 313 (675			Is A	Is Accommodation Rented? (Y/N)				No. Of Appliances Tested:			
Gas	s Installation Pipework Satis	sfactory Visual Co	ondition (Y/N)	1 Emer	gency Control	ntrol Accessible (Y/N) 1 Satisfactory Gas Tightness Test			(Y/N) Y Equipotential Bonding Satisfactory (Y/N) Y				
Appliance Details													
	Appliance Location		Appliance Make			Appliance Model		Appliance Type		Type of Flue (OF/RS/FL)	Landlords Appliance (Y/N)	Appliance Inspected (Y/N)	
1	LOFT SPACE		IDEAL			Loaic		CHB		RS	4	4	
2											-4		
3						9-1-							
4						43 - 14							
5						11 1							
Inspection Details CO Alarm													
	Are Safety Saf		Satisfactory	atisfactory Flue Visual		combus	Combustion Analyser Reading		Appliance	Appliance	Approved CO Do	Does The CO	
	Operating Pressure in mbar and or Heat Input in KW/Btu/h	Devices Working? (Y/N)	Ventilation? (Y/N)	Condition (Pass/Fail/NA)	Checks (Pass/Fail/NA	CO: CO	CO: CO2 Ratio CO PPI		Serviced (Y/N)	Safe To Use (Y/N)	Alarm Fitted? (Y/N)	Alarm Work? (Y/N)	
1	20mb	7	4	Pass	PASS	0.00	13	192	4	4	7	4	
2		a to a gl	- 67		V 60				1965	200		649	
3								100					
4													
5													
	Defec	t(s) Identified			rning Advice sued? (Y/N)					Details Of Work Required			
1													
2													
3													
4													
5													
Received By: Liam Batty ID Card No: 657315 The Next Gas Safety Check													
Print Name: Marker Must Be Completed By: Date: 11.11.24 Signature: Signature: Must Be Completed By:													
	v : Agent/Landlord Middle Copy:			To reorder this p	ad visit www.gas	fm.co.uk or call 0800 690 64	04 ©GasFM				11.11.53		