

LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C

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					INSPECTION / INSTALLATION ADDRESS								LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)							
Reg No:					Name & Title:) cccont							Name & Title: S. Ocusson								
Company: Abory Aumbing + Healing					Address: 70 Newland Park Drive								Address: 305 Hull Road							
Address: 41 Kirkdole Road				jest l	Tork								York							
Ostaldusick, Tork													.00							
Postcode: 10 10 3NQ													Postcode: 101034U Tel:							
Tel: 07876492221					Postcode: 4010 3HP Tel:								Number of appliances tested:							
	10 10 1					1010		THE STATE OF			e alans	Numb	per of app	liances t	ested:		1			
		AILS	FLUE TESTS							INSPECTION DETAILS										
	Location		Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	condition	Adequate ventilation Yes/No		inspected	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No	
1	Kitchen	Ideal	Voque C32	Biler	RS	19-7	Yes	NA	NA	1000	.0004	Tes	Pass	Tes	Yes	Yes	Yes	Yes	Yes	
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3	16																			
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1		GIVE	DETAILS OF ANY F	AULIS					REC	TIFICAT	TION WO	DRK C	ARRIED	OUT			Yes/No/		Yes/No/NA	
2														-	MII GU					
3				+			BE		-										_	
4			2				The state of													
5												2.7								
Ap	proved Audible CO Alarms ed & Located Correctly**:	S Yes No	O N/A Are	CO ms in Date:	Yes	No1	N/A	Testing Alarms	of CO Satisfactor	v: Yes	No	N/A	Sı Lo	moke/Hea	t Alarms	ectlv**:	/es	No	N/A	
	OTHER CO	MMENTS O	R OBSERVATIONS	S		IEXT (345				- 19	SSUFD	BY (GA							
						SAFE		D	inh lis	5.1	Daw									
					C	HECK			Name:		304		A	Signed:		0	21	5/2	5	
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													RECEIV							
	2310526									Received By: No one present at time of visit								oresent of visit		
		Sign	Signed: Print Name:																	

White - Landlord/Agent/Home Owner

Green - Engineer

Pink - Tenant (if rented)

BF452412

* IF YES, PLEASE REFER TO SEPARATE

Form Ref. REGP45