

LANDLORD/HOMEOWNER

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded as 'Visual'.
Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded as 'Visual'.
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.

Serial No

8791 033510

Details of Registered Business

Gas Safe Register No

Registered Engineer's Name

Gas Safe Register Licence Number

Business

Address

Postcode

Contact No

Details of Site

Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Contact No

Number of Appliances tested

- select as appropriate and relevant
- Outcome of gas installation pipework visual inspection? ☐ Pass ☐ Fail ☐ NA
 - Outcome of gas supply pipework visual inspection? ☐ Pass ☐ Fail ☐ NA
 - Is the Emergency Control Valve access satisfactory? ☐ Pass ☐ Fail ☐ NA
 - Outcome of gas tightness test? ☐ Pass ☐ Fail ☐ NA
 - Is the Protective Equipotential bonding satisfactory? ☐ Pass ☐ Fail ☐ NA

Do not forget to re-order your pads using reference GSR LGSR PAD2 at www.gassafetyshop.co.uk

Appliance Details

Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 Cupboard	COMBI	IDEAL	LO41LBS	✓	✓	✓	RS
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
1 36.5	PASS	Y	PAS	PAS	0.0016	Y	Y
2							
3							
4							

Optional CO/Smoke Alarm Test Details

Requested to test		Yes ☐ No ☒	
CO Alarm		Smoke Alarm	
(if fitted) Location	Tested	(if fitted) Location	Tested
HALL	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐

Safety Related Defect(s) Identified

1		GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
2			
3			
4			

Remedial Action Taken

1	
2	
3	
4	

Details of Work carried out, or Further Action Required

* Refer to separate Warning/Advisory Record

Record issued by: Signature

Print Name

Received by: Signature

Date appliance(s)/flue(s) checked

20/7/26

Tenant/Landlord/Homeowner/Agent

ATTENTION

Next safety check due by:

20/7/27

See Notes A and B

Top Copy - Landlord/Homeowner/Managing Agent Green Copy - Tenant Yellow Copy - Registered Business