

Serial No.
APP1254899

LANDLORD/HOME OWNER GAS SAFETY RECORD

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. The information recorded on this form does not confirm that the installation was installed by a Gas Safe registered engineer or that the installation complies with any relevant Building Regulations. Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out.



Registered Business Details
 Gas operative **ALFIE HEWLEY** REG NO **6209448**
 Operative licence No. **58833570** (Print name)
 Company **31 JESSIE DRIVE**
 Address **LOUGHTON ESSEX**
 Postcode **IG10 2EX** Tel No. _____

Job Address
 Name (Mr/Mrs/Miss/Ms) _____
 Address **43 GORDON ROAD**
 Postcode **NE7 2NF**
 Tel No. _____

Landlord (or where appropriate their agent)
 Name (Mr/Mrs/Miss/Ms) **DANNY BARTER**
 Address _____
 Postcode **OT884435**
 Number of appliances tested **2**

APPLIANCE DETAILS									
Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL			
1 BATHROOM	BOWLER	VALEANT	PURE 825	Yes	Yes	RS			
2 KITCHEN	HOB	COOK & LEMNS	N/A	Yes	Yes	FL			
3									
4									

INSPECTION DETAILS											
Operating pressure in mbar or heat input in kW	Initial combustion analyser reading (if applicable)	Final combustion analyser reading (if applicable)	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Visual condition of chimney/termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No	Approved CO alarm fitted Yes/No/NA	Is CO alarm in date Yes/No/NA	Testing of CO alarm satisfactory Yes/No/NA
1 23.6kW	0.0008	0.0006	Yes	Yes	Yes	PASS	NO	Yes	Yes	Yes	Yes
2 7.9kW	N/A	N/A	Yes	Yes	N/A	N/A	NO	Yes	Yes	Yes	Yes
3											
4											

DEFECT(S) IDENTIFIED

1											
2											
3											
4											

REMEDIAL ACTION TAKEN

1											
2											
3											
4											

Gas installation pipework satisfactory visual inspection Yes/No Yes No

Emergency Control Valve (ECV) accessible Yes/No Yes No

Satisfactory gas tightness test Yes/No/NA Yes No NA

Protective equipotential bonding satisfactory Yes/No Yes No

Next Safety Check Due Within 12 Months Yes No

This Safety Record issued by: Signed _____

Print Name: **ALFIE HEWLEY**

Received by: Signed _____

Date appliance(s)/chimney(s) checked: **21/1/26**

Tenant/Landlord/Agent/Home Owner

Key: Top Copy - Landlord/Managing Agent/Home Owner Green Copy - Tenant Yellow Copy - Registered Business

* Refer to separate Warning/Advice Notice

To re-order quote Ref: CP12