

Serial No.
P1254900

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
 Name: ALFIE HEALEY (Print name)
 REG NO: 6209448
 Licence No: 2883310

Job Address
 Name (Mr/Mrs/Miss/Ms): 28 FERNDALE ROAD
 Address: 28 FERNDALE ROAD
 Postcode: ME7 2PD
 Tel No: _____

Landlord (or where appropriate their agent)
 Name (Mr/Mrs/Miss/Ms): DANNY BARKER
 Address: _____
 Postcode: OT8 8LL
 Number of appliances tested: 2

Location	Appliance type	Make	Model	Landlord's appliance	Appliance inspected	Flue type
KITCHEN	BOILER	NAVIER	NCB300-28L	Yes	Yes	PS
KITCHEN	COOKER	UNKNOWN	UNKNOWN	Yes	Yes	FL

Operating pressure or heat input in kW	Initial combustion analyser reading (if applicable)	Final combustion analyser reading (if applicable)	Safety device(s) correct operation	Ventilation provision satisfactory	Visual condition of chimney/termination satisfactory	Flue performance checks	Appliance serviced	Appliance safe to use	Approved CO alarm fitted	Is CO alarm in date	Testing of CO alarm satisfactory
27.2 kW	0.0009	0.0002	Yes	Yes	Yes	PASS	NO	Yes	Yes	Yes	Yes
10.9 kW	N/A	N/A	Yes	Yes	N/A	N/A	NO	Yes	Yes	Yes	Yes

GAS IDENTIFIED

If Warning/Advice Notice issued insert serial No.

Gas installation pipework satisfactory visual inspection Yes/No ☒
 Emergency Control Valve (ECV) accessible Yes/No ☒
 Satisfactory gas tightness test Yes/No/NA ☒
 Protective equipotential bonding satisfactory Yes/No ☒

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS

This Safety Record issued by: Signed _____
 Print Name: ALFIE HEALEY
 Received by: Signed _____
 Date appliance(s)/chimney(s) checked: 21/01/26

Copy - Landlord/Homeowner/Agent/Engineer/Owner Green Copy - Tenant Yellow Copy - Registered Business

* Refer to separate Warning/Advice Notice

To re-order quote Ref. CP12

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Fire Detection and Fire Alarm System