DET

DETA

If Warnin

Flue in voids checked Y

Chimney/flue and

termination condition satisfactory Yes/No/NA

Serial No: **BM** 070210

Site Address

Tel No:

3

2 3 4

3

Name (Mr/Mrs/Miss/Ms)

Location

Operating pressure in

mbar or heat input kW

Ventilation provision

satisfactory

Gas Installation Pipework Satisfactory Visual Inspection Yes/No

IDENTIFIED DEFECT(S)

Emergency Control Valve Accessible

Equipotential Bond Satisfactory

Satisfactory Gas Tightness/Soundness Test

Audible Carbon Monoxide Alarm Tested

LANDLORD 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.

Flues were 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.

Appliance type

						REGISTER	
Registered Business Details Gas Safe Registered No:							
	Gas engineer: Tous le Writing (Print name)						
	Gas Safe ID card licence No: 521, 721						
Company: From h -4							
Address: 2/My116 ou h Road							
Postcode: 1 V 8 8 Nh Tel No: 014638 11171							
Postco	restruct.						
7	Landlord (or where appropriate his/her agent)						
	Name (Mr/Mrs/Miss/Ms):						
	Address:						
	Postcode: Tel No:						
	Number of appliances tested Z						
AILS OF A	PPLIA	NCE					
ake			odel	Appliance	Landlord's appliance Yes/Nø/NA	Flue type	
аке		/	1	inspected Yes/No		OF/RS/FL	
og Unice			3646 %		6,	N	
Pa			1/2		6	FL	
ALLS OF INSPECTION							
es/No		cc)/CO ₂ ratio	S	Safety device(s) correct operation		
		0	0000		Yes/No/NA		
		,	_		1/2		
Flue performance checks			Appliance serviced		Appliance safe to use		
Pass/Fail/NA			Yes/No		/ Yes/No		
NIX			18		8,,		
MX			100		8		
g/Advice No nsert serial N		ANY RE	MEDIAL AC	TION TAKEN		PER COLUMN	
		1					
	_	3					
		4					
This Safety Record-issued by: Signed							
rint Name:							
	Signed				Tanant / Landlord / Agan		

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS

Date appliance(s)/flue(s) checked:_

Yes/No

Yes/No

Yes/No

Yes/No