Regin

LANDLORD/HOME OWNER GAS SAFETY RECORD

Serial No: 45C 2673345

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.

Received on behalf c	This record is issued by:	Number of appliances tested:	Audible CO App Alarms: Ala	5	4	3	2	-		Gas Installation Pipework:	O)	4	ω	2	1 Witch	Location			Postcode:	C.	Address: 85° (Company: / L. L	Gas Safe registered engineer No:	Gas Engineer:	REGISTERED BUSIN
Received on behalf of the Landlord/Home Owner: Signed:	by: Signed: 2,1	s tested: CONCOM	Approved CO Yes No NA						GIVE DETAILS OF ANY FAULTS	Satisfactory Visual Inspection: YesNo		***		The second second	HEATUNE UTOSE	Make and Model	APPLIANCE DETAILS		Tel:	THEASIS!	SKOOKBALL AUN SON	1 10 10 C. C.	engineer No:		REGISTERED BUSINESS DETAILS Reg No: 2070 744
		N	Are CO Alarms in Date:						NNY FAULTS						778 76	Туре	DETAILS	Cigiros.	Signe	I certi	Postcode:		Address:	Name	INSP
WANT.		NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS	ate: Yes No							Emergency Control Yes Accessible:					7.00	Operating pressure in mbar or OF/RS/FL heat input kW/h or Btu/h		11/2/	200	I certify that I garried out inspections on the appliances detail	CHUT	Hor	ess: Grit	Name & Title:	INSPECTION/INSTALLATION ADDRESS
	Print Name:	AFETY CHI	N/A							1. No				V. Veril	_	Safety device(s) correct coperation Yes/No/NA Spillage test test Pass/Fail/NA		n spectru	Inenection	nspections on the a	ZRX Tel:	TRAIN	The LAKE		TION ADDRESS
Tenant/Agent/Lan	22	ECK MUST	Testing of CO Alarms Satisfactory: Yes						RECTIFICA	Satisfactory Gas Tightness Test:				-	1	Smoke Initial pellet flue combustion flow test analyser Pass/Fall/NA reading	FLUE TESTS	moboomon paro 16.76.	on Date: // //				20AN		
Landlord/Home Owner (pelete as applicable)	ALLIA	BE CARR	ory: Yes No						TION WORK O	Gas Yes				3	- 1/23	Final combustion termination analyser reading		1.3	// Postcode:	led below.			Address:	Name	LANE
BT (Delete as applicable)		IED OUT W	N/A						CATION WORK CARRIED OUT	₹				(000)	Mar Y.s	tory Flue visual Adequate tion condition ventilation ventilation NA Pass/Fail/NA Yes/No	INS	(17:40	6.11.0			2:37	14 6	Name & Title:	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
Date:	Date:)	IITHIN 12	Smoke Alarms Fitted: Yes							Equipotential Bonding Satisfactory:				(2)		Landlord's appliance Yes/No/NA	NSPECTION DETAILS		Tol.			37 Kin34	LANGE C	K Ros	T) NAME & ADD
16-12-16	16.12.16	MONTHS	Yes No						WARNING * V NOTICE ISSUED Yes/No/NA	ory: Yes				100	12.7	Inspected Appliance Serviced Yes/No Yes/No	ETAILS						LOSS LANG	ROBLISTS	RESS (if applicable
			N/A				ESSE .		WARNING TAG or STICKER FIXED Yes/No/NA	8		Market St.		763	Si	Appliance Safe to Use Yes/No							<i>k</i> .		(e)

Copies:

Regin

LANDLORD/HOME OWNER GAS SAFETY-RECORD

Serial No: 45C

5C 2673330

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.

Received on ber	This record is issued by:	Number of appliances tested:	Audible CO Alarms:	O	4	ω	2	→	Gas Installation Pipework:	20 4	<u>υ</u>	\vdash	1 Kinding	Loc		Postcode: Ci		Address: 85	Company: 3	Gas Safe registered engineer No:	Gas Engineer:	REGISTERED B
nalf of the Lan	sued by:	ances tested:	Approved CO Alarms Fitted:											Location		1181 1571	20	BROOK	1. RA	red engineer l		USINESS DET
Received on behalf of the Landlord/Home Owner:	Signed:	320	d: Yes No					GIVE DETAILS OF ANY FAULTS	Satisfactory Visual Inspection: Yes			Wast / Wast	2010/ 2010	Make and Model	APPL	Tel:		ROOKDAME AUE	A rode 2	No:		REGISTERED BUSINESS DETAILS Reg No. 207074
Signed:	RR		N/A					S OF ANY I	No			Head & Life	216 2	l Model	APPLIANCE DETAILS			SOUTH				7074
She c	1	2	Are CO Alarms in Date: Yes					FAULTS	Emerge Access			Ç	2,5	Туре	VILS	Signed:	I certi	Posto		Address:	Name	INSP
Po	(NEXT GAS SAFETY CHECK MUS	ate: Yes_						Emergency Control Accessible:			1	2/3	Flue Type POF/RS/FL F		7	I certify that I carried out inspections on the appliances detailed below	Postcode: CM47		ess: fo	Name & Title:	INSPECTION/INSTALLATION ADDRESS
		AS SA	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						ol Yes		-	123	13.5	Operating pressure in mbar or heat input kW/h or Btu/h Ye		ka :	ried out in:		HOMAKE			ISTALLAT
	Print I	FETY	N/A						No.			1627	× ×	Safety device(s) Sp correct operation Pass		ln.	spections o	28× Tel:	K.	24 LAI		ON ADDR
Ten	Print Name:	CHEC	Tes Ala					50				14	1	Spillage Smoke test flow test Pass/Fail/NA Pass/Fail/NA	戸	Inspection Date: 28 -//-/6	n the applia			AKE KD		ESS
ant/A gent/t	20 20	K MUS	Testing of CO Alarms Satisfactory:					RECTIFIC	Satisfactor Tightness 1			1	A	Smoke Initial pellet flue combustion flow test analyser ass/Fail/NA reading	FLUE TEST	ate: 28 -/	inces detail					
andlord/H	Acres	ST BE	actory: Yes						ry Gas Test:			,	١	al Final stion combustion ser analyser reading	S	1.16	ed below.					
Tenant/A gent/Landlord/Home-Ow ner (Delete as applicable)		T BE CARRIED OUT WITHIN 12 MONTHS	No No					ATION WORK CARRIED OUT	Yes			1600	< X	tion Satisfactory termination Yes/No/NA		Postcode:	I			Address:	Name	LAND
ľ (Delete as appl		ED OU	N/A					ARRIED	8			6/45)	-	ory Flue visual condition Pass/Fail/NA		ode:				14	Name & Title:	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
icable)		TW TU						TUO	Equi Bono			(8)	× h	Adequate ventilation A Yes/No	INSPE				Necrion	5	7 12	AGENT) I
Date:	Date:	HIN 1.	Smoke Alarms Fitted:						Equipotential Bonding Satisfactory:			1008	5	Landlord's appliance Yes/No/NA	CTION	Tel:				7	Roseres	JAME & A
28-11-16	28.11.16	2 MOI	ed: Yes_					Yes/No/NA	actory:			1 (2)	5	Inspected Yes/No	NSPECTION DETAILS				1 1		27:	DDRESS (
1.16.	1/6	SHIL	No					177				0		Appliance serviced Yes/No	S					LANG		if applicable
			N/A					Yes/No/NA	No			YES	5	Appliance Safe to Use Yes/No								

Copies:

White - Landlord/Agent/Home Owner

Green - Engineer Pink - Tenant (if rented)

BF451606

* IF YES, PLEASE REFER TO SEPARATE WARNING/ADVICE NOTICE

Form Ref. REGP45