

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.

REGISTERED BUSINESS DETAILS Reg No: 207074

Gas Engineer:

Gas Safe registered engineer No:

Company: N. L. PARKER

Address: 85 BLOOMSBURY AVE SOUTH

GENESIS

Postcode: CH49 1SF Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:

Address: GIF 26 LIKE ROAD

HOLMAN

Postcode: CH47 2RX Tel:

I certify that I carried out inspections on the appliances detailed below.

Signed: N. L. Parker Inspection Date: 16.12.16

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: MR K ROBERTS

Address: 14 CHURCH CROSS LANE

WEST KIRBY

Postcode: CH48 8RG Tel:

1	2	3	4	5	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS				
					Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory heating Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No
	<u>KITCHEN</u>	<u>HOTWAVE</u>	<u>VIZO24</u>	<u>BUT</u>	<u>NS</u>	<u>12.0</u>	<u>Yes</u>	<u>Pass</u>	<u>Pass</u>	<u>-</u>	<u>-</u>	<u>Yes</u>	<u>Pass</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1			
2			
3			
4			
5			

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A

Ave CO Alarms in Date: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

Number of appliances tested: one

Next Gas Safety Check must be carried out within 12 months

This record is issued by: Signed: R. L. Parker Print Name: R. L. PARKER

Date: 16.12.16

Received on behalf of the Landlord/Home Owner: Signed: [Signature] Tenant/Agent/Landlord/Home Owner (delete as applicable) Date: 16.12.16

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REGISTERED BUSINESS DETAILS Reg No: **207074**

Gas Engineer:
 Gas Safe registered engineer No:
 Company: **R.L. RAINEL**
 Address: **85 BROOKDALE AVE SOUTH, GLEASBY**
 Postcode: **CH49 1SF** Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: **FIT 24 LAKE RD, HAYLAK**
 Postcode: **CH47 2BX** Tel:
 I certify that I carried out inspections on the appliances detailed below.
 Signed: **R. Rainel** Inspection Date: **28/11/16**

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: **MR K. ROBERTS**
 Address: **14 CHASE CROSS LANE, NEURON**
 Postcode: Tel:

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in heat input kW/h or Btu/h	Safety device(s) in operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	FLUE TESTS		INSPECTION DETAILS					
								Initial combustion analyser reading	Final combustion analyser reading	Satisfactory terminal on Pass/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No
1 Kitchen	BASSI Riva Plus 24C	B4C	HS	13.56	Yes	NA	NA	-	-	Yes	Pass	Yes	Yes	DO	Yes
2															
3															
4															
5															

Gas Installation Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
No	Description	No	Description
1			
2			
3			
4			
5			

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A Are CO Alarms in Date: Yes No N/A Testing of CO Alarms Satisfactory: Yes No N/A Smoke Alarms Fitted: Yes No N/A

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

Number of appliances tested: **one**
 This record is issued by: Signed: **R. Rainel** Print Name: **R. Rainel**
 Date: **28/11/16**

Received on behalf of the Landlord/Home Owner: Signed: **[Signature]** Tenant/Agent/Landlord/Home Owner (delete as applicable) Date: **28/11/16**