

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: **A. L. KANE**  
 Address: **85 BROOKDALE AVE SOUTH**  
**CHASSIS**  
 Postcode: **CH49 1SF** Tel: \_\_\_\_\_

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: \_\_\_\_\_  
 Address: **G/F 24 LANE ROAD**  
**HOLWARR**  
 Postcode: **CH47 2BX** Tel: \_\_\_\_\_  
 I certify that I carried out inspections on the appliances detailed below.  
 Signed: **A. Kane** 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 8BG** Tel: \_\_\_\_\_

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS									
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or 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 termination Yes/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	Appliance Safe to Use Yes/No
1	Kitchen	Heatcure V12024	Boiler	As	12.2	Yes	NA	NA	-	-	Yes	Pass	Yes	Yes	Yes	Yes	Yes
2																	
3																	
4																	
5																	

Gas Installation Pipework: 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**

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: **3**  
 This record is issued by: Signed: **A. Kane** Print Name: **A. Kane** 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**