REGISTERED BUSINESS DETAILS

LANDLORD/HOME OWNER GAS SAFETY RECORD

INSPECTION/INSTALLATION ADDRESS

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

/ was A and

Report Ref No: 45C 4383105

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.

	Reg No: 528719					Name & Title: TENANT							Name & Title: LONDON MUPERILES							
Company: P WILLIAS PLUMBING THEATING					Address: 104 DUNALD STREET							Address: MILL MOWE								
Address: 17 PINELUOD CAESCENT				61	RUATU CARDIPT-							LUNCESTER AD, MENEFORD								
Postcode: CF Z3 9MF													Postcode: MM JNA Tel:							
Tel: 07706384449				Pos	Postcode: CF U4 47 Tel:							Number of appliances tested: / (ONE)								
										TECTO				INICI	DECTIO	W DE	TAILS			
	APPLIANCE DETAILS			JLS	Operating Safety			FLUE TESTS Smoke Initial Final				INSPECTION DETAILS Appliance						Appliance		
	Location		Make and Model	Туре	Flue Type OF/RS/FL	pressure in mbar or heat input kW/h or Btu/h	device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	pellet flue flow test Pass/Fail/NA	combustion analyser	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	Visual Check Yes/No	Appliance serviced Yes/No	Safe to Use Yes/No	
1	CANDENT	13AX1	624 Gm81 2	Bucca	RS	23.7/2	His	PASC	NA	NA	0.W16	パラ	PASS	YES	15	25	池	no	XI	
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		GIVE	DETAILS OF ANY F	AULTS					REC	TIFICAT	TION WC	RK C	ARRIED	OUT			WARNI NOTICE IS	SUED	VARNING TAG or LABEL FIXED Yes/No/NA	
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												7. 11 11 11				38.5				
4 5	proved Audible CO Alarms	3 Yes	No N/A Are	CO ns in Date:	Yes	No N	N/A	Testing Alarms	of CO Satisfactor	γ: Yes	No	N/A	Sr	moke/Hea	at Alarms	ectly**:		No	N/A	
4 5	proved Audible CO Alarms led & Located Correctly**:			CO ms in Date:				Testing Alarms	of CO Satisfactor	y: Yes_	_No_							No _	N/A	
4 5			No N/A Are Alar OR OBSERVATION			NEXT (GAS				IS	SSUED	BY (G	AS EN	GINEE	R)		No_	N/A	
4 5						NEXT (SAFE	GAS TY	Print	Name:		IS	SSUED	BY (GA	AS EN	GINEE	R)	//es	No_	N/A	
4 5					C	NEXT (GAS TY DUE	Print				SUED (eLC)/	BY (GA	AS EN Signed: Issue D	GINEE ate:	R)	//es	No	N/A	
4 5					C	NEXT (SAFE HECK BEFO	GAS TY DUE RE:	Print Licer	Name:	PAZN 58	18. 18. 10.50	SSUED (alc)/	BY (GA	AS ENC Signed: Issue D	GINEE ate:	R)	//es	(self	21	
4 5					C	NEXT (SAFE HECK	GAS TY DUE RE:	Print Licer	Name:	PAZN 58	184 C	SSUED (alc)/	BY (GA	AS ENC Signed: Issue D	GINEE ate:	R) 7/3	//es_/ //25	No one at time of	present	

Regin Products Ltd

White - Landlord/Agent/Home Owner Copies:

Green - Engineer

Pink - Tenant (if rented)

BF452410

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45