

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: **2327111**
 Company: **Elite Clean**
 Address: **60 The Green, Chesham, Bucks**
 Postcode: **HP8 1PG**
 Tel: **01875 250276**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Mr. Jones**
 Address: **60 The Green, Chesham, Bucks**
 Postcode: **HP8 1PG**
 Tel: **01875 250276**

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

Name & Title: **Mr. Jones**
 Address: **60 The Green, Chesham, Bucks**
 Postcode: **HP8 1PG**
 Tel: **01875 250276**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/AS/FL	Operating pressure in mbat or heat input kW or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pollut flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination condition Yes/No/NA	Flue visual inspection Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1. Kitchen	Worcester 30i	Boiler	AS	24.1	Yes	N/A	N/A	0.0001	0.0009	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2.																
3.																
4.																
5.																

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Satisfactory Visual: Yes ☒ No ☐ Emergency Control: Yes ☒ No ☐ Satisfactory Gas Tightness Test: Yes ☒ No ☐ Equipment Potential Bonding Satisfactory: Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1																
2																
3																
4																
5																

Approved Audible CO Alarms Fitted & Located Correctly** Yes ☒ No ☐ Are CO Alarms in Date: Yes ☒ No ☐ Testing of CO Alarms Satisfactory: Yes ☒ No ☐ Smoke/Heat Alarms Located & Fitted correctly** Yes ☒ No ☐ N/A ☒

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

ISSUED BY (GAS ENGINEER)

RECEIVED BY

Print Name: **L. Jones** Signed: **[Signature]**
 Licence No: **5698112** Issue Date: **19/12/28**
 Received By: **[Signature]** Tenant/Agent/Landlord/Home Owner
 Signed: **[Signature]** Print Name: **[Name]**