

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: **232717**
 Company: **CRITCHET**
 Address: **60ST CANADA DOCK**
L1 Pool
 Postcode: **LS20 1PQ**
 Tel: **07872502766**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **[REDACTED]**
 Address: **79 Mount Pleasant**
L1 Pool
 Postcode: **LS3 5TB** Tel: **[REDACTED]**

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

Name & Title: **Landlord Properties**
 Address: **Mill Lane**
Hereford
 Postcode: **HR1 3JA** Tel: **[REDACTED]**

Number of appliances tested: **1**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure kW/h or Burn	Safety device(s) operation	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 Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1 Hall	MAIN CONK1	BSL	RS	28.8	Yes	NA	NA	0.0002	0.0008	Yes	Pass	Yes	Yes	Yes	No	Yes
2																
3																
4																
5																

FLUE TESTS

INSPECTION DETAILS

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 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																

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

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

1812126

ISSUED BY (GAS ENGINEER)

Print Name: **L. Lewis** Signed: **[Signature]**
 Licence No: **5698112** Issue Date: **17/2/25**

RECEIVED BY

Received By: **[Signature]** (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 Signed: **[Signature]** Print Name: **[REDACTED]** No one present at time of visit ☒