

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: **232217**
 Company: **ELITE HEAT**
 Address: **EAST CANADA BOUL**
 Postcode: **L1P 0E1**
 Tel: **01872502766**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **FAT3 - Assistant**
 Address: **75 Mount Pleasant**
 Postcode: **L1P 0E1**
 Tel: **13576**

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

Name & Title: **London Resident**
 Address: **Mill House**
 Postcode: **HE1 5TB**
 Tel: **1**

Number of appliances tested: **1**

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS									
	Location	Make and Model	Type	Flue Type Off/On/FL	Operating pressure in mbat or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pallet fire flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination condition Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Kitchen	MAIN ECO	BSL	RS	886	Yes	NP	NP	00002	00007	YOS	PASS	YOS	YOS	YOS	NO	YOS
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 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																

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:

ISSUED BY (GAS ENGINEER)

Print Name: **L. RONEO** Signed: **[Signature]**
 Licence No: **11111111** Issue Date: **11/11/11**

RECEIVED BY

Received By: **[Signature]** Print Name: **[Name]**
 Tenant/Agent/Landlord/Home Owner

No one present at time of visit ☐