GAS S LANDLORD/HOME OWNER

Tel:	Post code:		Address:	Name:	GAS INSTA
07872507766	Post code: L20 100°	LWERFOOL	GAST (ANALA POO	1.6260	GAS INSTALLER: (Trading Title)
Engineers Name: (print) / んんつ	Time of Issue:	Date of Issue:	€ Gas Installer Ref. No :	Gas Safe Register No:	ilebeat
1:6005	T1. 15	21 12/24	5525730	232717	

		מאט וואט וארו	-Li (liading line)	7	262			
) * > > > 1114X J1>> J	1	Name:	1. LONGO		Gas Safe Register No:	ster No:	32717	
GAU SAFELY RECORD		Address: (GAST (XNA	DA Pock	Gas Installer Ref. No :		2573	D
This inspection is for gas safety purposes only in accordance with the current	rent		LWERPOOL		Date of Issue:	6	12/24	7
edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed	Spected A detailed	Post code: 4	120 100.		Time of Issue:	F1:	~,	
internal inspection of the flue integrity, construction and lining has not been carried out	n carried out.	Tel:	0787250	766	Engineers Name: (print)	e: (print) / ‹	Cons	
TENANT/HOME OWNER DETAILS	AILS			LANDLORD/	AGENT DETA	DETAILS (if applicable)	ole)	
Tenant/Home Owner* Name:			Landlord/Agent* Name:	ame: (ond	der Pr	spertes	8	
Property Address: 78 MOUNT PLEASANT	FW7	2	Address:					
	×							
Post Code $\angle 3$ \exists f f . Tel:)		Post Code		Tel:			
prese	YESNO		Landlord/Agent* pr	/Agent* present during inspection	tion	YES/NO	Ô	
APPLIANCE DETAILS	INSPECT	INSPECTION DETAILS	ILS	FLUE TEST	31		RESULTS	
LOCATION MAKE MODEL TYPE Flue Type e.g. CF or RS	Operating Heat Input Device Pressure Kw Device Correct Operation Yes/No	Ventilation C Adequate Yes/No	CO Alarm Flue Flow tested Test Pass/Fail Pass/Fail	Spillage Test Termination Pass/Fail Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Appliance Performance Reading Safe To Use CO: Yes/No CO2 Ratio / CO2 CO	use Landlord's Use Appliance O Yes/No	Inspected Yes/No
1 KITCHEN MAIN EXO BLR RS	w/ 29,2 yes	72 7	9 88 KD	40X 01	TIDSS 0:00	009 45	5	T
ω								
4								
G								
DETAILS OF ANY FAULTS	REMEDIAL	L ACTION TAKEN	TAKEN	DETAILS (OF WORK CA	CARRIED OUT	LABEL &	LABEL & WARNING
1							Yes	NO
2								
3								
4								
, on								
Outcome of gas installation pipework visual inspection?	Pass/Fail/NA	This Safety	This Safety Record is issued by Gas Installer: (SIGNED)	as Installer: (signed)	16		ATTE	ATTENTION
Outcome of gas supply pipework visual inspection?	(Pass / Fail / NA	Received or	Received on behalf of Landlord / Home	Home Owner: (signed)	0) NOT P	>100	Next	Next safety check due by:
Is the Emergency Control Valve access satisfactory?	Pas9 / Fail / NA	Tenant/Land	Tenant/Landlord/Agent/Home Owner	ner*	NOT PR	& Z 1	100	97/9/70
Outcome of gas tightness test?	Pass / Fail / NA	Number of	of appliances tested:	/			. 7	1.5
Is the Protective Equipotential bonding satisfactory?	(Pass)/ Fail / NA	Date:	2/2/2	25				

To re-order quote code 663010-NUM

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Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable