

Your Landlord's Gas Safety Certificate is over the page

- 0 This is an important document.
- 0 You should take a few moments now to read it.
- 0 You may need to refer to this certificate in the future.
- 0 Please file it somewhere safe.

britishgas.co.uk/help

0800 294 9678* Mon - Fri 8am - 6pm

Ritish Gas, Swallowfield 1, Wolverhampton Road, West Midlands, B69 2BG

Your HomeCare® Number 22052046 L136541

Key to Appliance Type Abbreviations

AGA Aga INS Installation Premise BBC Back Boiler Circulator LB Large Boiler BBF Back Boiler Fire LBX Extra Large Boiler BCO CO Detector MWH Mulitpoint Water Heater CGE Electric/Gas Cooker OVN Gas Oven CHB Central Heating Boiler SLC Split Level Cooker CIR Circulator Smoke Alarm SA CKR Gas Cooker SWH Single Point Water Heater DGF Decorative Gas Fire WAC Warm Air Conditioner FRE Gas Fire WAL Wall Heater FRB Back Boiler Fire WAU Warm Air Unit FRC Back Circulator Fire WAW Warm Air Unit and Water Heater WH Water Heater GOB Gas Oven GRL Grill Sink Water Heater WS HGE Electric/Gas Hob

Key to Engineer findings

NCS or NTCS Not to current standards

AR At Risk

HOB Hob

Immediately Dangerous ID PRV Pressure relief valve

Additional Landlord information

If a "YES" has been entered in the column titled "Indicate YES if unable to test", then the Landlord/Agent must obtain additional evidence from any person undertaking subsequent work on the appliance, that the appliance is operating safely.



Landlord's Gas Safety Record

Landlords Inspection Service Swallowfield One Wolverhampton Road Oldbury West Midlands B69 2BG



This inspection is for gas safety purposes only in accordance with the Gas Safety (I & U) Regulations. Flues were 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.

TENANT DETAILS

The Tenant 26 York Avenue Lincoln LN1 1LL LANDLORD/AGENTS DETAILS

Mr Ruparelia 28 Kynaston Close Harrow HA3 6TQ

		INSPECTION DETAILS													
	LOCATION	TYPE	MAKE	MODEL	FLUE TYPE	Operating Value (See Key below)	Safety Device Correct Operation	Ventilation Satisfactory	PERFO	UE RMANCE Spillage Test	Visual Condition of Flue and Termination Satisfactory	Appliance Safe	Requested To Test	Indicate* YES if unable to test	
1	KITCHEN	CKR	НОВ	4 BURN	FLUELESS	6.4k	Yes	Yes	N/A	N/A	N/A	Yes	Yes		
2	KITCHEN	СНВ	WORCESTER	24	ROOM-SEALED	23.26k	Yes	Yes	N/A	N/A	Yes	No	Yes		
3															
4															
5															
DETAILS OF ANY DEFECTS IDENTIFIED							EMEDIA	L ACTIO	N TAKE	ΞN	LABELLED AND WARNING NOTICE ISSUED YES/NO	GAS INSTALLATION TIGHTNESS TEST AND VISUAL INSPECTION OF GAS			
1	SAFETY CHAIN,IGNITION,MID BURNER U/S						NTCS LETTER ISSUED				N/A	Pass			
2	CON PIPE UN	CON PIPE UNLAGGED						NTCS LETTER LEFT				Yes			
3 4								NEXT SERVICE CHECK DUE WITHIN 12 MONTHS							
5															
	This safety record is signed by electronic signature by Print name ANDREW MALLINSON 55319 Date 10 July 2014 Job No. 1300052946														
	Number of App	liances Tested .	.2	Page?	2 of2										
						IT	IS A LEGA	L REQUIREN	IENT THAT	THIS REC	ORD BE KEPT FOR A MIN	IMUM PERI	OD OF TWO	YEARS	