

# LANDLORD/HOME OWNER GAS SAFETY RECORD

Serial No: **45C 0309690**

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: **133705**

Gas Engineer: **VENIA MILLS**  
 Gas Safe registered engineer No:  
 Company: **Gas Co**  
 Address: **1 WINDSOR CUBE, GAINSBURY PARKWAY, GAINSBURY, LEAFSDALE, LEAFSDALE, LEAFSDALE, LEAFSDALE**  
 Postcode: **CF37 2EN** Tel: **07973 40910**

INSPECTION/INSTALLATION ADDRESS

Name & Title:  
 Address: **30 THE BRADWAY, PORTLEAD**  
 Postcode:  
 Tel:  
 I certify that I carried out inspections on the appliances detailed below.  
 Signed: **JG Mills** Inspection Date: **5/12/2014**

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

Name & Title: **STEVE MCCREERY,**  
 Address: **ANWERN CORRYGUE, ANWERN'S, CORRYGUE,**  
 Postcode: **SA1 4SA** Tel:

## APPLIANCE DETAILS

1	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet/flue flow test Pass/Fail/NA	FLUE TESTS		INSPECTION DETAILS					
									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 Yes/No	Appliance serviced Yes/No
1	Living	ANWERN 20 MFC	CHG	DIS	2000	Yes	Pass	Pass	---	---	Yes	Pass	Yes	Yes	Yes	Yes
2																
3																
4																
5																

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	WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA

Audible CO Alarm: Approved CO Alarm Fitted: Yes  No  N/A  Is CO Alarm in Date: Yes  No  N/A  Testing of CO Alarm Satisfactory: Yes  No  N/A

Number of appliances tested: **1**

**NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS**

This record is issued by: Signed: **JG Mills** Date: **5/12/2014**

Received on behalf of the Landlord/Home Owner: Signed: **[Signature]** Date: **5/12/2014**