

LANDLORD/HOME OWNER GAS SAFETY RECORD

Serial No: 45 4223820

REGISTERED BUSINESS DETAILS Reg No: _____

Gas Engineer: PCAYWORTH

Gas Safe registered engineer No: 506607

Company: HOMERIGHT NW LTD

Address: 4 MARLSON AVE
HINDLEY

Postcode: WNR 2SE Tel No: 01828541459

I certify that I carried out inspections on the appliances detailed below.

Signed: [Signature] Inspection Date: 25-4-14

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____

Address: 21 CHADWICK ST
BOLTON

Post Code: _____ Tel: N/A

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.

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

Name & Title: LOCAL LETTINGS

Address: 2-4 WIGAN RD
HINDLEY

Post Code: WNR 3BE Tel: 01942 254999

	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS							
	Location	Make	Model	Type	Flue type OFRS/FL	Operating pressure in Mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke peller flow test Pass/Fail/N/A	Combustion analyser reading (if applicable)	Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance serviced Yes/No
1	Browse Room	IDEAL	Logic + 30	Combustion	RS	30.7L	YES	N/A	N/A	0008	YES	YES	YES	YES	NO	YES
2	Kitchen	LAMONA		HOB	PL	7.62	YES	N/A	N/A	N/A	N/A	YES	YES	YES	NO	YES
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

1	
2	
3	
4	
5	

RECTIFICATION WORK CARRIED OUT

1	
2	
3	
4	
5	

Number of appliances tested: 2

This record is issued by: Signed: [Signature] Print Name: P. Clayworth Date: 25-4-14

Received on behalf of the Landlord/Home Owner: Signed: _____ Date: _____

Tenant/Agent/Landlord/Home Owner (Delete as applicable)