

LANDLORD/HOMEOWNER GAS SAFETY RECORD



This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimney/flues/boilers were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

| Details Of Registered Business | | Job Address | | Landlord/Agent Address | |
|---|--|--|--|------------------------------------|--|
| Bury Gas Services Ltd | | Name: <u>Key Vacant</u> | | Name: <u>Private</u> | |
| Gas Safe Reg. No: 182091 | | Address: <u>23 Gerald Road, Safford.</u> | | Address: | |
| 33 Crawshaw Grange, Rossendale, BB4 8LY | | Tel No: | | Tel. No: | |
| Tel. No: 01706 221081 | | Is Accommodation Rented? (Y/N) <u>Y</u> | | No. Of Appliances Tested: <u>1</u> | |



| | | | | |
|---------------------------|---|---|--|---|
| Gas Installation Pipework | Satisfactory Visual Inspection (Y/N) <u>Y</u> | Emergency Control Accessible (Y/N) <u>Y</u> | Satisfactory Gas Tightness Test (Y/N) <u>Y</u> | Equipment Potential Bonding Satisfactory (Y/N) <u>Y</u> |
|---------------------------|---|---|--|---|

| Appliance Details | | | | | | |
|--------------------|----------------|-----------------|----------------|--------------------------|----------------------------|----------------------------|
| Appliance Location | Appliance Make | Appliance Model | Appliance Type | Type of Flue (GFI/R6/FL) | Landlords Appliance? (Y/N) | Appliance Inspected? (Y/N) |
| 1 Kitchen | BeKo | BDNG694SP | Cooler | R6/FL | Yes | Yes |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |

| Inspection Details | | | | | CO Alarm | | | | | |
|---------------------|-----------------------------------|---------------------------------|--------------------------------------|--|-----------------------------|--------|---------------------------|------------------------------|---------------------------|-------------------------|
| Heat Input kW/Btu/h | Are Safety Devices Working? (Y/N) | Satisfactory Ventilation? (Y/N) | Flue Visual Condition (Pass/Fail/NA) | Flue Performance Checks (Pass/Fail/NA) | Combustion Analyser Reading | | Appliance Serviced? (Y/N) | Appliance Safe To Use? (Y/N) | Approved CO alarm fitted? | Does the CO alarm work? |
| | | | | | CO: CO2 Ratio | CO PPM | | | | |
| 1 2Imber. | Yes | Yes | N/A | N/A | W/A | W/A | NO | Yes | NO | N/A |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |

| Defect(s) Identified | Warning Advice Issued (Y/N) | Remedial Work Undertaken | | Details Of Work Carried Out |
|---------------------------|-----------------------------|--------------------------|-------|-----------------------------|
| | | Issued by: | Date: | |
| 1 install new cooler only | | | | |
| 2 New Cooler Hose. | | | | |
| 3 New cooler Chain. | | | | |
| 4 | | | | |
| 5 | | | | |

| | |
|---|----------------------------|
| Received By: <u>N/A</u> | ID Card No: <u>3509493</u> |
| Print Name: <u>Jacant.</u> | Date: <u>26 Jan 15</u> |
| Signature: <u>[Signature]</u> | |
| To reorder visit www.gasfm.co.uk or call 0800 690 6404 | |
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The Next Gas Safety Check Must Be Completed By: _____