

LANDLORD/HOME OWNER GAS SAFETY RECORD

interpart

GAS ENGINEER'S DETAILS

Reg. Trading Title: **GLOWE** GAS SAFE REG No: **513816188**
 Company Address: **SUITE 299, 2 WONSLOWNE CRESCENT BOULDERBURY**
 Postcode: **1011150** Tel: **473922**
 Engineer Name: **J. WOOLFORDEN** ID Card No: _____

I certify that I carried out inspections of the appliances detailed below.
 Signed: *[Signature]* Inspection Date: **28.8.14**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **89 GOSBURY PARK RD BOULDERBURY**
 Address: _____
 Postcode: _____ Tel: _____

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

Name & Title: **J. BRUGROVE**
 Address: _____
 Postcode: _____ Tel: _____

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.

	APPLIANCE DETAILS					FLUE TESTS					INSPECTION DETAILS					
	Location	Make	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	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	Appliance safe to use Yes/No
1	KITCHEN	Glowarm	FIX	FIX	R	80	OK	pass	OK	OK	OK	OK	OK	OK	OK	OK
2																
3																
4																
5																

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipmental bonding satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1			
2			
3			
4			
5			

Number of appliances tested: **1** NEXT SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS
 This record is issued by: *[Signature]* Signed: _____ Print name: **J. WOOLFORDEN** Date: **28.8.14**
 Received on behalf of the Landlord/Home Owner: _____ Signed: _____ Date: _____
 Tenant/Agent/Landlord/Homeowner (Delete as applicable) _____ Date: _____