

## GAS ENGINEER'S DETAILS

Reg. Trading Title

Company

Address

Postcode

Engineer Name

GAS SAFE REG No: 538588

SUITE 299, 2 WINDSOR  
CRESCENT, BOURNEMOUTH

BOURNEMOUTH

Tel:

ID Card No

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

Signed:

Inspection Date: 28.8.14

## INSPECTION/INSTALLATION ADDRESS

Name &amp; Title

Address

Postcode

Name &amp; Title

Address

Postcode

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

Name &amp; Title

Address

Postcode

J. AUGLOVE

Tel:

## LANDLORD/HOME OWNER GAS SAFETY RECORD

interpart

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 the 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 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	VISUMARK	VIT1000	H10	R3	19.5	Y/N	-	-	Y/N	Pass	Y/N	Y/N	Y/N	Y/N	Y/N
2															
3															
4															
5															

Gas Installation

Pipework:

Satisfactory Visual Inspection:

Yes

No

Emergency Control

Yes

No

Accessible:

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																

WARNING \*  
NOTICE ISSUED  
Yes/No/NAWARNING TAG OR  
STICKER FIXED  
Yes/No/NA

Number of appliances tested

This record is issued by

Signed:

Received on behalf of the Landlord/Home Owner

Signed:

Copies: White - Landlord/Agent/Home Owner

Green - Engineer

Pink - Tenant (if rented)

4592

\* IF YES, PLEASE REFER TO SEPARATE WARNING /ADVISE NOTICE

Form Ref: INP0294

NEXT SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

Print name:

J. WOOLFORD

Date:

28.8.14

Tenant/Agent/Landlord/Homeowner  
(Delete as applicable)

Date: