

# LANDLORD/HOME OWNER GAS SAFETY RECORD

## GAS ENGINEER'S DETAILS

Reg. Trading Title: EVOLVE GAS SAFE REG No: 538588  
 Company Address: SUITE 299, 2 WONSLOWNE CRESCENT BOURNEMOUTH BH1 1SR  
 Postcode: BH1 1SR Tel: 1473922  
 Engineer Name: D. WOODFORDEN 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: 171 DUMA ROAD BOURNEMOUTH.  
 Address: [Blank]  
 Postcode: [Blank] Tel: [Blank]

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

Name & Title: J. AUGLOVE  
 Address: [Blank]  
 Postcode: [Blank] Tel: [Blank]

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.

Location	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS						
	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 <u>KITCHEN</u>	<u>FRENCOM</u>	<u>35CX</u>	<u>BOLLERS</u>	<u>RS</u>	<u>20</u>	<u>Y</u>	<u>-</u>	<u>-</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>NO</u>	<u>Y</u>
2															
3															
4															
5															

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

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1			
2	<u>(NO VISABLE CATCH BONDING PLS RECTIFY.)</u>		
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: [Signature] Print name: D.J. WOODFORDEN Date: 28.8.14.  
 Received on behalf of the Landlord/Home Owner: [Signature] Signed: [Signature] Date: [Blank]  
 Tenant/Agent/Landlord/Homeowner (Delete as applicable): [Blank] Date: [Blank]