

LANDLORD/HOME OWNER GAS SAFETY RECORD

interpart

GAS ENGINEER'S DETAILS

Reg. Trading Title: GIAVE GAS SAFE REG No: 538588
 Company Address: SUITE 299, 2 WINDOWNE CRESCENT BOULSIEMOUTH BH15A TEL: 473922
 Postcode: D.WOOLFENBURY ID Card No: _____
 Engineer Name: _____

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.

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

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

Name & Title Address: J. AUGGROVE
 Postcode: _____
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title Address: 163 RYMO ROAD BOULSIEMOUTH
 Postcode: _____
 Tel: _____

	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	<u>KRAFT</u>	<u>W/S.</u>	<u>2801</u>	<u>Boiler</u>	<u>B</u>	<u>20</u>	<u>Ys</u>	<u>PRO</u>	<u>-</u>	<u>Ys</u>	<u>Ys</u>	<u>Ys</u>	<u>Ys</u>	<u>Ys</u>	<u>Ys</u>	<u>Ys</u>
2																
3																
4																
5																

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

	GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
	Number of appliances tested	Signed:	Number of appliances tested	Signed:
1	<u>1</u>	<u>[Signature]</u>		
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: [Signature] Print name: G.J. WOODFORD Date: 28.8.14
 Received on behalf of the Landlord/Home Owner: _____ Signed: _____ Date: _____
 Tenant/Agent/Landlord/Homeowner (Delete as applicable): _____