

# LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title) T.m.s.Ltd.

Name:	<u>A.J.SWANN</u>	Gas Safe Register No:	<u>177242</u>
Address:	<u>44 mayfield Drive</u>	Gas Installer Ref. No :	<u>2969475.</u>
	<u>Loughborough.</u>	Date of Issue:	<u>04/03/13.</u>
Post code:	<u>LE11 2EB.</u>	Time of Issue:	<u>11.00 AM.</u>
Tel:	<u>01509 219919.</u>	Issued by: (print name)	<u>A.J.SWANN</u>

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name:

Property Address: 21 Browning Road  
Loughborough.

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Tenant/Home Owner\* present during inspection YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: Gudrun Middleton

Address: 3 St Mary's Close  
Wymeswold, Leics.

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Landlord/Agent\* present during inspection YES/NO

APPLIANCE DETAILS					INSPECTION DETAILS				FLUE TEST				RESULTS			
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	bathroom	Bosch worcester	30Si combi boiler	RS	20mbar	30KW	YES	YES	N/A	N/A	YES	PASS	YES	YES	YES	
2																
3																
4																
5																
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN								LABEL & WARNING NOTICE ISSUED			
1													YES		NO	
2																
3																
4																
5																

GAS INSTALLATION: Tightness Test PASS ☒ FAIL ☐

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS

This Safety Record is issued by Gas Installer: (SIGNED) A.J.Swann Date: 04/03/13 Number of appliances tested 002

Received on behalf of Landlord/Home Owner: (SIGNED) \_\_\_\_\_ Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_