Plumbing Heating Servicing Phone: 01202 937395 Mobile: 07896 161981		nvoic
South Coast Boiler Services LTD 10 Charlotte Close	Tax Date	VAT Reg.
Poole	06/03/2014	170 9765 78
Dorset BH12 5HR	Invoice No	
Invoice To	477	
Mr Rossano roger.rossano@ntlworld.com		

	e				Job Addro	ess		
06/03/20	14		totte state and	3	8 Maple R	oad		
Qty	Iter	m	Descrip	otion		Rate	Amount	VAT
1	LLGS	Lan	idlords Gas Safety Ch	neck & Service		37.50	37.50	S
	Rate	VAT S	Summary VAT	NE	T	Subtotal		£37.50
SI	Rate @20.0% OTALS	VAT S		NE 37.5 37.5	50	Subtotal VAT Total		£37.50 £7.50

Please pay immediately. Quote invoice number with all payments. Payments accepted by BACS to: S/C 401306 A/C 81436082 Registered Office: 21 Halifax Way, BH23 4TX. Company number 8544461

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orset			
H12 5HR			
1202 937395			Safe
ww.southcoastboilerservices.co.uk			PIECUBTC
outhcoastboilerservices@hotmail.co.uk Plu	umbing Heatin	g Servicing	537123
Custome	er Information		
0		1	
Name Mr Rossono	Phone	Date 00 03/	14
Address 3 Maple Road			
City Bournemour County Do	pel	_ Postcode	
Job [Description		
Serviced boller			
Cleaned burner, heart etchanger Obserhed flue gasses.	ek.		
choice burne, per anage	40		
meched free gasses.			
Tosked for tracheres.		and the second second second	
			<u> </u>
A CONTRACTOR OF		Invoice No	
Customer Ca	ancellation Rights		
Customer Ca You have the right to cancel this contract if you wish, withi to Cancel is issued. Cancellation should be communicated shown above. The following Cancellation Notice may be u post - in which case you are advised to obtain a Certificat a copy of the cancellation notice before returning it to the period expires, you should sign below to confirm this agree reasonable payment may be due for work carried out prior and conditions set out on this form. Please read through th	ancellation Rights in seven calendar days sta d in writing by delivery, po used to exercise this right the of Posting or Recorded Trader. If you agree that we ment and understand if you to cancellation. By signing	Inting on the day this Notice of st or email to the address/com and can be issued in person o Delivery slip. You are advised ork may start before the canc ou decide to cancel within sev ing below you also agree to ou	f Right npany or sent by I to take cellation ven days, or terms
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To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5577 or www.gassaferegister.co.uk

SERIAL NO:

189562

SouthCoastBoilerServices



LANDLORD/HOMEOWNER

This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

South Coast Boiler Services 10 Charlotte Close	INSPECTION ADDRESS Name:	AGENT/LANDLORD DETAILS (if different) Name/Company:
Poole Tel. No: 01202 937395	Address: 3 Maple focul	Address:
Gas Safe Reg. No: 537123 Engineer Name: James Davis Gas Safe ID Card No: 3074675	Tel. No:	Tel. No:
Gas Sale ID Card No. 3074075	Is accommodation rented? YES NO	No. of Appliances tested: 2
GAS INSTALLATION PIPEWORK	Emergency Control Val	ve Accessible? (Y / N)
Is Equipotential Bonding satisfactory?(Y/N)	Visual Inspection satisfactory? (Y / N)	Gas Tightness Test satisfactory? (Y / N)

	Appliance 1	Appliance 2	Appliance 3	Appliance 4
Location of appliance	Kitchen	Kitchen		
Appliance type		Combi		
Appliance make	Prima	Ariston		
Appliance model	1	Microgenus		
Type of flue/outlet (OF/RS/FL)	FL	RS	Share was to share	
Working pressure in mbar or heat input kW/Btu/h	2 omber	Bimbor		
Are safety devices working? (Yes/No/NA)	NA	Yos	and the second second	
FLUE TESTS				
Spillage (Pass/Fail/NA)	NA	NA		
Smoke Pellet (Flue Flow) (Pass/Fail/NA)	NA	NA		
Satisfactory termination (Yes/No/NA)	NA	Yes		
Visual condition (Pass/Fail/NA)	NA	Parse		
INSPECTION	A THE AND A CARE AND A			
Has this appliance been inspected (Yes /No)	Yes	Yes		
Is this appliance owned by the Landlord (Yes/No)	Yos	Yes		
Is there satisfactory ventilation? (Yes/No)	You	Yes		
Has the appliance been serviced? (Yes/No)	No	Yes		
Combustion performance reading CO:CO2 ratio / Co2 / CO	NA	0.0003PAF		
Is this appliance safe to use? (Y / N)	Yes	Yos		
If No – has a warning advice notice been issued? (Y / N)	NO	NO		

Appliance 1	Appliance 2	Appliance 3	Appliance 4	
REMEDIAL WORK UNDERTA	KEN			
Appliance 1	Appliance 2	Appliance 3	Appliance 4	
			$\left \right\rangle$	
Received By Signature:		Registered Engineer Signature:		
Print Name:		Print Name: James Davis		
Date:		Date: 03/03/14		
THE NEXT GA	S SAFETY CHECK MUST	BE COMPLETED WITHIN THE NEX	T 12 MONTHS	

Top Copy – Gas User Middle Copy – Agent/Landlord Bottom Copy – Gas Safe Registered Engineer