

SERIAL NO:
587583

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.

Christopher Brooks Plumbing & Heating 41 Lyndhurst Road Portsmouth Tel. No: 07917 152 096 Gas Safe Reg. No: 223536 Engineer Name: Chris Brooks Gas Safe ID Card No: 2782719	INSPECTION ADDRESS		AGENT/LANDLORD DETAILS (if different)	
	Name:		Name/Company: <i>WOOLMAN</i>	
	Address: <i>44 Leopold St Southsea</i>		Address: <i>15 Golden Dell WGC HERTS AL7 7EE</i>	
	Tel. No:		Tel. No:	
	Is accommodation rented? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		No. of Appliances tested: <i>2</i>	

GAS INSTALLATION PIPEWORK			Emergency Control Valve Accessible? (Y/N) <i>Y</i>	
Is Equipotential Bonding satisfactory?(Y/N) <i>Y</i>	Visual Inspection satisfactory? (Y/N) <i>Y</i>	Gas Tightness Test satisfactory? (Y/N) <i>Y</i>		

APPLIANCE SPECIFICS				
	Appliance 1	Appliance 2	Appliance 3	Appliance 4
Location of appliance	<i>KITCHEN</i>	<i>Kitchen</i>		
Appliance type	<i>Boiler</i>	<i>COOKER</i>		
Appliance make	<i>VAILLANT</i>	<i>CANNON</i>		
Appliance model	<i>824</i>	<i>OAKLEY</i>		
Type of flue/outlet (OF/RS/FL)	<i>RS</i>	<i>FL</i>		
Working pressure in mbar or heat input kW/Btu/h	<i>13 MB</i>	<i>20 MB</i>		
Are safety devices working? (Yes/No/NA)	<i>yes</i>	<i>yes</i>		

FLUE TESTS				
Spillage (Pass/Fail/NA)	<i>N/A</i>	<i>N/A</i>		
Smoke Pellet (Flue Flow) (Pass/Fail/NA)	<i>N/A</i>	<i>N/A</i>		
Satisfactory termination (Yes/No/NA)	<i>yes</i>	<i>N/A</i>		
Visual condition (Pass/Fail/NA)	<i>PASS</i>	<i>PASS</i>		

INSPECTION				
Has this appliance been inspected (Yes/No)	<i>yes</i>	<i>yes</i>		
Is this appliance owned by the Landlord (Yes/No)	<i>yes</i>	<i>yes</i>		
Is there satisfactory ventilation? (Yes/No)	<i>yes</i>	<i>yes</i>		
Has the appliance been serviced? (Yes/No)	<i>yes</i>	<i>yes</i>		
Combustion performance reading CO:CO2 ratio / Co2 / CO	<i>RATIO .00004</i>	<i>—</i>		
Is this appliance safe to use? (Y/N)	<i>Y</i>	<i>Y</i>		
If No - has a warning advice notice been issued? (Y/N)				

DEFECT (s) DETECTED				
Appliance 1	Appliance 2	Appliance 3	Appliance 4	

REMEDIAL WORK UNDERTAKEN				
Appliance 1	Appliance 2	Appliance 3	Appliance 4	

Received By Signature: <i>[Signature]</i>	Registered Engineer Signature: <i>[Signature]</i>
Print Name: <i>Woolman</i>	Print Name: <i>Chris Brooks</i>
Date: <i>2/8/2013</i>	Date: <i>2/8/2013</i>

THE NEXT GAS SAFETY CHECK MUST BE COMPLETED WITHIN THE NEXT 12 MONTHS