

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.

REGISTERED BUSINESS DETAILS

Reg No: 5688-f1

Company: Carlisle Bullhorns

Address: Unit 11 Robert St

Postcode: CA2 5AN

Tel: 01228 594959

INSPECTION/INSTALLATION ADDRESS

Name & Title:

Address: 7 Kells place, Carlisle

Postcode:

Tel:

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

Name & Title:

Address:

Postcode:

Tel:

Number of appliances tested: _____

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS						
Location	Make and Model	Type	Flue Type OF/RS/PL	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	Initial combustion analyser reading	Final combustion analyser reading	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 Kitchen	Worcester junior 28i combi	RS	28	28 (N) YES	NA	NA	9.7%	100%	YES	PASS	YES	YES	YES	YES	YES	YES
2 Kitchen	oakley cooker	cooker	FL	15	YES	NA	NA	NA	NA	YES	NA	YES	YES	YES	NO	YES
3																
4																
5																

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA
1			
2			
3			
4			
5			

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A

Are CO Alarms in Date: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

21/1/20

ISSUED BY (GAS ENGINEER)

Print Name: S L LATHAN Signed: [Signature]

Licence No: 421 5749 Issue Date: 21/1/19

RECEIVED BY

Received By: [Signature] (Delete as applicable) Tenant/Agent/Landlord/Home Owner

Signed: _____ Print Name: _____

No one present at time of visit