

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____
 Property Address: 38 OSBORNE RD
BUNJONMUTI
 Post Code _____ Tel: _____
 Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: DA SHARIFI
 Address: _____
 Post Code _____ Tel: _____
 Landlord/Agent* present during inspection YES NO

GAS INSTALLER: (Trading Title) Premier Heating
 Name: P. Anderson Gas Safe Register No: 252062
 Address: 91, Cowslip Rd Gas Installer Ref. No.: 154045
BLADSTONE DUNST Date of Issue: 15-1-13
B+1 18 902 Time of Issue: 3:00
01202 602026 Issued by: (print name) P. Anderson

APPLIANCE DETAILS

| 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 |
|----------|---------|-------|-------|----------------------------|-------------------------------|------------------|---|-----------------------------------|
| 1 | KITURUN | GLWOM | SLARM | BS | 16 | 15 | AS | AS |
| 2 | huan | Beko | - | FL | 20 | 6 | AS | AS |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

INSPECTION DETAILS

| 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 |
|-----------------------------|----------------------------|---------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| PASS | PASS | Yes | PASS | Yes | Yes |
| NA | NA | Yes | PASS | Yes | Yes |
| | | | | | |
| | | | | | |
| | | | | | |

FLUE TEST

| 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 |
|-----------------------------|----------------------------|---------------------------------------|----------------------------------|------------------------------------|-----------------------------------|
| PASS | PASS | Yes | PASS | Yes | Yes |
| NA | NA | Yes | PASS | Yes | Yes |
| | | | | | |
| | | | | | |
| | | | | | |

RESULTS

| Inspected Yes/No | Appliance Safe To Use Yes/No | Landlord's Appliance Yes/No |
|---------------------|------------------------------------|-----------------------------------|
| Yes | Yes | Yes |
| Yes | Yes | Yes |
| | | |
| | | |
| | | |

DETAILS OF ANY FAULTS

| | |
|---|--|
| 1 | |
| 2 | |
| 3 | |
| 4 | |
| 5 | |

REMEDIAL ACTION TAKEN

| Label & Warning Notice Issued |
|-------------------------------|
| YES |
| NO |
| |
| |
| |

GAS INSTALLATION: Tightness Test

PASS FAIL

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS

This Safety Record is issued by Gas Installer: (SIGNED)

Date: 15-1-13

Received on behalf of Landlord/Home Owner: (SIGNED)

Tenant/Landlord/Agent/Home Owner*

Number of appliances tested 12