

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)	Promer Hastings	Gas Safe Register No:	154045
Name:	P. Appleby	Gas Installer Ref. No.:	2520642
Address:	91 Lower Rd Barnstaple Devon	Date of Issue:	12-00
Post code:	PL11 2 9QZ	Time of Issue:	15-1-13
Tel:	01202 602076	Issued by: (print name)	P. Appleby

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 35 Stobanus Rd

Roudbury

Post Code _____ Tel: _____

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

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: _____

Address: _____

Post Code _____ Tel: _____

Landlord/Agent* present during inspection YES/NO _____

1	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	Living Room	Whorl	18 HVI	Boiler	NS	NA	12	Yes	Yes	Pass	Pass	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) _____

Date: _____

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

Tenant/Landlord/Agent/Home Owner* _____