GAS INSTA	GAS INSTALLER: (Trading Title)	HEATING	
Name:	T. ANDENSEN	Gas Safe Register No:	Stots
Address:	al Conscio ils	Gas Installer Ref. No:	2520692
	BAUADSTUSE DOUST	Date of Issue:	15-1-13
Post code:	8+1 W 902	Time of Issue:	2-30
Tel:	602016	Issued by: (print name)	C. A MOSASIA

LANDLORD/HOME OWNER	GAS INSTAI	GAS INSTALLER: (Trading T	Title) YAE	remien H	CATINS				
OAC CAFETY BECORD	Name:	1. ANDEN	News		Gas Safe	Gas Safe Register No:	shots!	52	
GAS SAFEIT RECORD	Address:	al Cons	Scip ils		Gas Insta	Gas Installer Ref. No :	03	692	
This inspection is for gas safety purposes only in accordance with the current		BAUADSTON	D	TELLO	Date of Issue:	sue:	15-1-	21	
edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed	Post code:		02		Time of Issue:	sue:	2-30		
nternal inspection of the flue integrity, construction and lining has not been carried out.	Tel:	めいつし	60202	6	Issued by	Issued by: (print name)	P. A	NOSASON	i anta
TENANT/HOME OWNER DETAILS			LAN	LANDLORD/AGENT DETAILS (if applicable)	GENT DI	ETAILS (i	f applicab	ile)	
Tenant/Home Owner* Name:		Landlord/A	Agent* Name:	Mus	CHS	CHGISSANI			
Property Address: 6 ALSEMANIE RO		Address:	# # # # # # # # # # # # # # # # # # #	37					
BULLVEMUUTI	25			(4) (4)			2		1.12
Post Code Tel:		Post Code			Tel:				
Tenant/Home Owner* present during inspection YES/NO		Landlord/A	Agent* present during inspection	during inspec	ction		YES/N	4	
APPLIANCE DETAILS INSPE	INSPECTION DETAILS	AILS		FLUE T	TEST		J.	RESULTS	
LOCATION MAKE MODEL TYPE Flue Type Operating Heat e.g. CF or RS Pressure K	Heat Input Safety Device Kw Correct Operation Yes/No	ce Ventilation Adequate Yes/No	Flue Flow Test Pass/Fail	Spillage Test 7 Pass/Fail 5	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
BI SI MARIE MOHADIN NOTAHON BAYAN AS 16 18	C	12	(A50)	PASS "	152	PASS	12	M	12
2 MITHING STUDIES - COOKING FC 20 8	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Z	34	NA	70	400	2	27	14
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4									
5								3	
DETAILS OF ANY FAULTS	ᇛ	REMEDIAL A	CTION TAKEN	XEN		Ę	LABEL & WAF	& WARNING NOTICE ISSUED	CE ISSUED
			10				YES		NO
2		Ħ		a.					
3				3	2				
4	>	4							
5	a a								
AS INSTALLATION: Tightness Test PASS FAIL				NEXT GA	SSAFFT	CHECK	ַ ק ו	THE S	NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS

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

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

Date:

15-1-

N

Tenant/Landlord/Agent/Home Owner*

GAS INSTALLATION

5 4 ω N _ 01 4 ω 2

tested 2 Number of appliances