

LANDLORD'S

GAS SAFETY REPORT



Job Invoice No:

278980

Inspected By:



GAS Safe Registration Number

9967

THIS INSPECTION IS FOR GAS SAFETY PURPOSES ONLY IN ACCORDANCE WITH 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 DETAILS

Name: []
Address: 136 BASSETT GREEN ROAD,
BASSETT, SOUTHAMPTON
SO16 3TR

LANDLORD DETAILS

Name: MR. J. CHANDLER
Address: 136 BASSETT GREEN ROAD,
BASSETT, SOUTHAMPTON
SO16 3TR

APPLIANCE DETAILS

| LOCATION | TYPE | MAKE | MODEL | FLUE TYPE OF OR RS OR FLUELESS | Operating Pressure Mbar | Safety Device Correct Operation Yes/No | Ventilation Adequate Yes/No or N/A | Flue Flow Test Pass/Fail or N/A | Spillage Test Pass/Fail or N/A | Termination & Continuity Check Satisfactory Yes/No | Flue Route in void Pass/Fail or N/A | Visual Condition Pass/Fail | Appliance Safe to Use Yes/No | Requested To Test Yes/No |
|--------------|--------|------------|--------------|--------------------------------|-------------------------|--|------------------------------------|---------------------------------|--------------------------------|--|-------------------------------------|----------------------------|------------------------------|--------------------------|
| UTILITY ROOM | BOILER | WIPACOR | G512AZ 24 PL | RS | 19.38 | YES | N/A | N/A | N/A | YES | N/A | PASS | YES | YES |
| KITCHEN | HOB | DIAPHRATIC | - | FLUELESS | 20 | YES | YES | N/A | N/A | YES | N/A | PASS | YES | YES |
| | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

INSPECTION DETAILS

| FLUE PERFORMANCE CHECK | Visual Condition Pass/Fail | Appliance Safe to Use Yes/No | Requested To Test Yes/No |
|--------------------------------|----------------------------|------------------------------|--------------------------|
| VENTILATION ADEQUATE | | | |
| FLUE FLOW TEST | | | |
| SPILLAGE TEST | | | |
| TERMINATION & CONTINUITY CHECK | | | |
| FLUE ROUTE IN VOID | | | |
| VISUAL CONDITION | | | |
| APPLIANCE SAFE TO USE | | | |
| REQUESTED TO TEST | | | |

DETAILS OF ANY FAULTS AND RECTIFICATION WORK NEEDED

1 NO BONDING AT METER (NCS)
2 NO ON/OFF LABEL AT METER ECV (NCS)
3 MANUAL IGNITION REQUIRED FOR HOB
4
5

This safety record is issued by: [Signature] Signed: [] Date: 5-6-17
Number of appliances tested as requested by Tenant/Landlord: 2

Received on behalf of the Landlord: [Signature] Signed: [] Tenant/Landlord: M. DAVIS (Delete as applicable)
NEXT SERVICE CHECK DUE WITHIN 12 MONTHS

Key: White Copy - Service Agent, Green Copy - Landlord, Blue Copy - Tenant