

Serial No:

362507

LANDLORD/HOMEOWNER GAS SAFETY RECORD



This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimneys/flues/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

Details Of Registered Business

CUSTOM PROPERTY SERVICES

Gas Safe Reg. No: 204313

92 Chester Road South, Kidderminster, DY10 1XF

Engineer Name: JAMES WELLINGS

Gas Safe ID Card No:

Tel. No: 447802231995

Job Address

Name:

Address:

Tel. No:

Is Accommodation Rented? (Y/N)

Emergency Control Accessible (Y/N)

Satisfactory Visual Inspection (Y/N)

Landlord/Agent Address

Name:

Address:

Tel. No:

No. Of Appliances Tested:

Satisfactory Gas Tightness Test (Y/N)

Equipment Bonding Satisfactory (Y/N)

Gas Installation Pipework

Satisfactory Visual Inspection (Y/N)

Emergency Control Accessible (Y/N)

Satisfactory Gas Tightness Test (Y/N)

Equipment Bonding Satisfactory (Y/N)

Appliance Details

Appliance Location	Appliance Make	Appliance Model	Appliance Type	Type of Flue (OF/RS/FL)	Landlords Appliance? Y/N	Appliance Inspected? Y/N
1 GND FLOOR WC	W/BOSCH	29CD1	COMBI	RS	Y	Y
2						
3						
4						
5						

Inspection Details

Working Pressure in mbar or heat input kW/Btu/h	Are Safety Devices Working? (Y/N)	Satisfactory Ventilation? (Y/N)	Flue Visual Condition (Pass/Fail/NA)	Spillage Test (Pass/Fail/NA)	Smoke Pellet Flue Flow Test (Pass/Fail/NA)	Combustion performance reading CO:CO2 ratio / Co2 / CO	Appliance Serviced? Y/N	Appliance Safe To Use? (Y/N)
1 20mb	Y	Y	PASS	N/A	N/A	0.0004	Y	Y
2								
3								
4								
5								

Defect(s) Identified

Remedial Work Undertaken

Warning Advice Issued (Y/N)

1								
2								
3								
4								
5								

Received By:

Print Name:

Date:

Issued by:

Print Name:

Date: 29/7/19

The Next Gas Safety Check Must Be Completed By:

Top Copy: Agent/Landlord Middle Copy: Tenant Bottom Copy: Engineer To reorder go to www.gas-safedirect.com or call 0800 690 6404

29 / 7 / 20