

Serial No

LABWS201403

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gasregister.co.uk or by calling 0800 408 6500.

Gas safe is a registered trade mark of HSE and is used under licence.



Details of Registered Business

Gas Safe Register No 595896
 Registered Engineer's Name MARIN TOWNSEND
 Gas Safe Register Licence Number 4583610
 Business VERO PLUMBING AND HEATING
 Address 7 GREENWAY, FULWOOD, PRESTON

Postcode PR2 9TS
 Contact No 07584207837

Details of Site

Name (Mr/Mrs/Miss/MS) _____
 Address 125 KENN STREET
PRESTON
 Postcode PR1 7TB
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/MS) CAROLAN STEAN
 Address _____
 Postcode _____
 Contact No _____

Number of Appliances tested 1

Appliance Details

Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 <u>FRONT BED</u>	<u>BURER</u>	<u>POTTERTON STARD HE</u>	<u>24HE</u>	<u>YES</u>	<u>YES</u>	<u>RS.</u>
2						
3						
4						

Inspection Details

Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory Yes/No	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1 <u>18.2</u>	<u>PASS</u>	<u>YES</u>	<u>PASS</u>	<u>PASS</u>	<u>0.0006</u>	<u>YES</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>
2									
3									
4									

Safety Related Defect(s) Identified

Number	Description	GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1			
2			
3			
4			

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA
 Outcome of gas supply pipework visual inspection? Pass / Fail / NA
 Is the Emergency Control Valve access satisfactory? Pass / Fail
 Outcome of gas tightness test? Pass / Fail / NA
 Is the Protective Equipotential bonding satisfactory? Pass / Fail

Record issued by: Signature [Signature]
 Print Name MJ Townsend
 Received by: Signature [Signature]
 Date appliance(s)/flue(s) checked 21/08/2019

Tenant/Landlord/Homeowner/Agent

ATTENTION

Next safety check due by: 21/08/20

See Notes A and B