

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

REGISTERED BUSINESS DETAILS Reg No: **304588**

Gas Engineer: **RICHARD JACKSON**

Gas Safe registered engineer No:

Company:

Address: **26 LIGHTENFIELD LANE**
NETHERTON

Postcode: **HD4 7WS** Tel: **01974 38531**

INSPECTION/INSTALLATION ADDRESS

Name & Title:

Address: **65 WOODHOUSE HILL**
FALTON

Postcode: Tel:

I certify that I carried out inspections on the appliances detailed below.

Signed: *R Jackson* Inspection Date:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title:

Address: **Y.P.2.**
RATRICK

Postcode: Tel:

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	BOILER ROOM 1	WAL MEXICO 2	BOILER	OF	50BAR	YES	PASS	PASS	N/A	N/A	YES	PASS	YES	YES	YES	NO	YES
2																	
3																	
4																	
5																	

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA	* WARNING TAG or STICKER FIXED Yes/No/NA
1					
2					
3					
4					
5					

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A Are CO Alarms in Date: Yes No N/A Testing of CO Alarms Satisfactory: Yes No N/A Smoke Alarms Fitted: Yes No N/A

Number of appliances tested: **ONE**

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by: Signed: *R Jackson* Print Name: **R Jackson** Date: **06.01.18**

Received on behalf of the Landlord/Home Owner: Signed: _____ Tenant/Agent/Landlord/Home Owner (Delete as applicable) Date: _____