

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: **623559**
 Company: **HEATING FIX,**
 Address: **28 HIGHTOWN COURT,**
BRIGHTON
 Postcode: **BN1 6TF**
 Tel: **07784 364975**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **PT HORNBY ROAD**
 Address: **BRIGHTON**
 Postcode: **BN2 4JH** Tel: _____

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

Name & Title: **BLUE SKY,**
 Address: **13 SHERINGTON ROAD**
WOODINGDEAN
BN2 6QJ
 Postcode: _____ Tel: _____

Number of appliances tested: **1**

APPLIANCE DETAILS

| 1 | 2 | 3 | 4 | 5 | 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 |
| | | | | | KITCHEN | IDEAL LOGIC + C30 | COMBI | RS | 30 | YES | N/A | N/A | 0.0011 | 0.0011 | YES | YES | YES | YES | YES | YES | YES |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | |

Gas Installation Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness test: Yes No Equipmental Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

| | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1 | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | |

RECTIFICATION WORK CARRIED OUT

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

OTHER COMMENTS OR OBSERVATIONS

(Blank area for other comments)

NEXT GAS SAFETY CHECK DUE BEFORE:
20/11/20

ISSUED BY (GAS ENGINEER)

Print Name: **JAMES CRER** Signed: **James Crer**
 Licence No: **4388260** Issue Date: **20/11/19**

RECEIVED BY

Received By: **STEFAN RITCHIE** Print Name: **STEFAN RITCHIE**
 Signed: *(Signature)*

Landlord/Home Owner Gas Safety Check List

backed or being directly below gas pipes, and ensure that the gas pipes are not damaged or blocked. The gas pipes should be inspected and tested by a Gas Safe registered engineer. The gas pipes should be inspected and tested by a Gas Safe registered engineer. The gas pipes should be inspected and tested by a Gas Safe registered engineer.

| No. | Description | Checked | By | Date | Notes |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|----|------|-------|
| 1. | Check with the occupant to determine if they have had any problems with the gas installation/appliance(s). | | | | |
| 2. | Check that all gas appliances have an adequate supply of air. | | | | |
| 3. | Ensure the effective operation of appliance, control taps, ignition system and any supervision devices fitted. | | | | |
| 4. | Inspect the flame picture of any burner(s). | | | | |
| 5. | Check clearances from combustible materials e.g. kitchen cupboards etc. | | | | |
| 6. | Ensure stability of the appliance (including supply of bracket or hook and chain on gas cookers). | | | | |
| 7. | Inspect gas installation pipework and where appropriate any flexible connection(s). | | | | |
| 8. | Open-flues <ul style="list-style-type: none"> i) Check the condition and full route of the flue. Where applicable, ensure any terminal/chimney pot fitted is suitable. ii) Inspect the appliance flue connection to any flue-liner or chimney. In the case of a back boiler installation, check that all pipe ducts or voids entering the builder's opening, including the annular space around any flue liner/flue connection, are sealed. iii) Perform a flue flow check. iv) For a gas fire, inspect and clear the catchment space. Check that any dampers have been removed or fixed in the open position. v) Using any guidance given in the manufacturer's instructions; test the appliance for spillage. | | | | |
| 9. | Room-sealed appliances | | | | |
| | <ul style="list-style-type: none"> i) Inspect case and sight glass seal on appliance, replace if necessary. ii) Check position of terminal, clearances from corners, vegetation etc. Ensure terminal guard is fitted as appropriate. | | | | |
| 10. | Check the operating pressure or heat input rate or, where necessary, ensure both are correct. | | | | |
| 11. | Test all controls to ensure operation is satisfactory. | | | | |
| 12. | Test all disturbed gas connections for tightness using leak detection fluid. Carry out a full gas tightness test if necessary. | | | | |
| 13. | Inform the gas user of any further work required or make recommendations as necessary. | | | | |