

# GAS SAFETY CERTIFICATE

Serial No: **P46 037242**

**REGISTERED BUSINESS DETAILS** Reg No: **531135**  
 Gas Engineer: **FD. Bowman**  
 Gas Safe registered engineer No: **3462633**  
 Company: **ROBERTS + SON PLUMBING + HEATING LTD.**  
 Address: **UNIT 5A BMB INDUSTRIAL PARK, DOUGS LINK, WALSLEY**  
 Postcode: **CH44 3EQ.** Tel No:

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.

**INSPECTION ADDRESS** Rented: Yes  No   
 Name & Title: **URBAN STUDENT LIFE**  
 Address: **20 FAUKLAND HOUSE, LIVERPOOL.**  
 Post Code: **L3 3AE** Tel:

**LANDLORD/CLIENT NAME & ADDRESS (if different)**  
 Name & Title:  
 Address:  
 Post Code: Tel:


**DESCRIPTION OF WORK CARRIED OUT**

**To carry out PLANT ROOM INSPECTION + BOILER SERVICE.**

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS					
Location	Make	Type	Flue type (GAS/FL)	Operating pressure (bar or test pressure) (W/H or B/H)	Safety device (if fitted) (operating pressure)	Spillage test (Pass/Fail/NA)	Exhaust product test (Pass/Fail/NA)	Combustion product test (Pass/Fail/NA)	Satisfactory termination (Pass/Fail/NA)	Flue condition (Pass/Fail/NA)	Appliance condition (Pass/Fail/NA)	Appliance safe to use (Year/No)	Appliance safe to use (Year/No)
1 PLANT ROOM	EvoMAX 150	Boiler RS	RS	150kPa	YES	N/A	N/A	0006	YES	PASS	YES	YES	YES
2 PLANT ROOM	EvoMAX 150	Boiler RS	RS	150kPa	YES	N/A	N/A	0004	YES	PASS	YES	YES	YES
3 PLANT ROOM	EvoMAX 150	Boiler RS	RS	150kPa	YES	N/A	N/A	0003	YES	PASS	YES	YES	YES
4													
5													

Gas Installation 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	
1			
2			
3			
4			
5			

Number of appliances tested: **3**  
 This record is issued by:   
 Performed by: \_\_\_\_\_  
 Tenant/Agent/ Landlord/Home Owner (Please tick as appropriate): **F. Bowman**  
 Print Name: \_\_\_\_\_ Date: **27/11/14**  
**NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS**  
 Date: **27/11/14**