

SERIAL NO:  
88 dorset

# LANDLORD/HOMEOWNER



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. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

Safe Gas Services Gas Safe Reg No: 218084 Engineer: D. Vickers 8 South View St Bolton Tel. No: 07966984631	INSPECTION ADDRESS		AGENT/LANDLORD DETAILS (if different)	
	Name:		Name/Company:	
	Address: 88 dorset st		Address: 13 arthog rd	
	BI2 1hr		M20 6nr	
	Tel. No:		Tel. No:	
	Is accommodation rented? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		No. of Appliances tested: 2	

GAS INSTALLATION PIPEWORK			Emergency Control Valve Accessible? (Y / N)		
Is Equipotential Bonding satisfactory?(Y/N)	n	Visual Inspection satisfactory? (Y / N)	y	Gas Tightness Test satisfactory? (Y / N)	y

APPLIANCE SPECIFICS				
	Appliance 1	Appliance 2	Appliance 3	Appliance 4
Location of appliance	Kitchen	Kitchen		
Appliance type	Boiler	Hob		
Appliance make	Worcester			
Appliance model	28i			
Type of flue/outlet (OF/RS/FL)	Rs	Of		
Working pressure in mbar or heat input kW/Btu/h	28 kw	19 mbar		
Are safety devices working? (Yes/No/NA)	Yes	Na		
Spillage (Pass/Fail/NA)	Na	Na		
Smoke Pellet (Flue Flow) (Pass/Fail/NA)	Na	Na		
Adequate termination (Yes/No/NA)	Yes	Na		
Visual condition (Pass/Fail/NA)	Pass	Na		
Has this appliance been inspected (Yes/No)	Yes	Yes		
Is this appliance owned by the Landlord (Yes/No)	yes	Yes		
Is there adequate ventilation? (Yes/No)	Yes	Yes		
Has the appliance been serviced? (Yes/No)	No	No		
Combustion performance reading CO:CO2 ratio / Co2 / CO	9.8%	Na		
Is this appliance safe to use? (Y / N)	yes	yes		
If No – has a warning advice notice been issued? (Y / N)				

DEFECT (s) DETECTED				
Appliance 1	Appliance 2	Appliance 3	Appliance 4	

REMEDIAL WORK UNDERTAKEN				
Appliance 1	Appliance 2	Appliance 3	Appliance 4	

Received By Signature:	Registered Engineer Signature:
Print Name:	Print Name: d.vickers
Date: 3/4/13	Date: 3/4/13

**THE NEXT GAS SAFETY CHECK MUST BE COMPLETED WITHIN THE NEXT 12 MONTHS**