

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: 186784

Gas Engineer: John Ball

Gas Safe registered engineer No: 4032814

Company: John Ball Gas Services

Address: 36 Chapelstead Walthamstow  
Bolton

Postcode: BLS2LZ Tel: 07930 866077

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: \_\_\_\_\_

Address: 104 Chorley St  
Bolton

Postcode: BLS4AL Tel: \_\_\_\_\_

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

Signed: [Signature] Inspection Date: 15/3/2017

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

Name & Title: S. Chaze

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

	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 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/NA	Landlord's appliance inspected Yes/No/NA	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	<u>Dinning Room</u>	<u>Worcester 24 COi</u>	<u>CHB</u>	<u>RS</u>	<u>13mb</u>	<u>Yes</u>	<u>NO</u>	<u>NO</u>	<u>GOOD</u>	<u>8.1%</u>	<u>Yes</u>	<u>Pass</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
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 TAG or NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA
	1	2	3	4		
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: 01

This record is issued by: \_\_\_\_\_ Signed: [Signature] Print Name: John Ball Date: 15/3/2017

Received on behalf of the Landlord/Home Owner: Signed: [Signature] Tenant/Agent/Landlord/Home Owner (delete as applicable) Date: 15/3/2017

opies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)