

No. R

826724

The Gas Safety (Installation & Use) Regulations require that all gas appliances and related flues provided by landlords in rented accommodation are checked for safety once a year

<b>OCCUPIER</b> ..... (STUDENTS) <b>Address</b> ..... 18, ESTON ST, ..... VICTORIA PARK, M13 0FF ..... Tel ..... <b>REPORT RECEIVED BY</b> <b>Name (print)</b> ..... B. McNally <b>Signature</b> ..... B. McNally ..... <b>Date</b> 29/10/13	<b>TESTS CARRIED OUT BY SERVICE ENGINEER</b> <b>Name (print)</b> ..... CARL JOHNSON <b>Company</b> ..... C.S. JOHNSON PUMPING & ..... HEATING SOLUTIONS, 19 CAMBRIDGE ..... RD, WATLEY, CHESHIRE, SK8 4AE <b>Tel</b> ..... 07580100400 ..... <b>Gas Safe Reg No</b> 529395 <b>Signature</b> ..... [Signature] ..... <b>Date of Test</b> 19/10/13
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Appliance Type	BOILER				
Location eg. kitchen	FRONT BED				
Make/model	WORCESTER 28CRi				
<b>Flue &amp; Ventilation</b>					
Type of Flue	RS/FF				
Route/termination	PASS				
Flue flow	N/A				
Ventilation (Size, position)	PASS				
Visual Check	PASS				
Catchment space	N/A				
<b>Operation</b>					
Flame picture	GOOD/PASS				
Sooting/overheating	NONE/PASS				
Operating pressure	24.1 kW/18bar				
Heat Input	28.2kW				
Flue spillage test	PASS				
Flame failure device	PASS				
Additional checks (if required)	GAS ANALYSIS: CO: 21 PPM CO-2: 0.02 CO2: 5.8% Relu: 0.0055				
<b>Safe for use</b>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Installation Defects found, remedial action taken and comments** ..... NONE

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Has a Defective Installation Notice been issued? Yes  No

**LANDLORD** (Retain original copy for 2 years)  
**Name** ..... CENTRAL PROPERTIES  
**Address** ..... 100 BIRCHFIELD RD,  
 ..... FALLOWFIELD M14 6PH  
 ..... Tel ..... 07768705999

**CARBON MONOXIDE**  
 IF YOU FEEL DROWSY, DEVELOP HEADACHES OR NAUSEA WHEN A GAS APPLIANCE IS RUNNING IT MAY BE **CARBON MONOXIDE POISONING**. TURN THE APPLIANCE OFF IMMEDIATELY AND SEEK EXPERT HELP.

**GAS PIPEWORK** Yes  No

Correct materials? Yes  No   
 Correct sizing? Yes  No

**Gas Tightness (Soundness) Test** (if required)  
 ..... 0 ..... mbar drop in ..... 2 ..... minutes  
 Pass  Fail

**EMERGENCY CONTROLS**

Correct location/accessible? Yes  No   
 Correct controls fitted? Yes  No   
 Correct labels? Yes  No   
 Correct operation? Yes  No