

 britishgas.co.uk/help

 **0800 294 9678***
Mon - Fri 8am - 6pm

 **British Gas, Swallowfield 1,
Wolverhampton Road, West
Midlands, B69 2BG**

**Your HomeCare® Number
11598264 9384823**

Your Landlord's Gas Safety Certificate is over the page

- 0 This is an important document.
- 0 You should take a few moments now to read it.
- 0 You may need to refer to this certificate in the future.
- 0 Please file it somewhere safe.

Key to Appliance Type Abbreviations

AGA Aga	INS Installation Premise
BBC Back Boiler Circulator	LB Large Boiler
BBF Back Boiler Fire	LBX Extra Large Boiler
BCO CO Detector	MWH Multitpoint Water Heater
CGE Electric/Gas Cooker	OVN Gas Oven
CHB Central Heating Boiler	SLC Split Level Cooker
CIR Circulator	SA Smoke Alarm
CKR Gas Cooker	SWH Single Point Water Heater
DGF Decorative Gas Fire	WAC Warm Air Conditioner
FRE Gas Fire	WAL Wall Heater
FRB Back Boiler Fire	WAU Warm Air Unit
FRC Back Circulator Fire	WAW Warm Air Unit and Water Heater
GOB Gas Oven	WH Water Heater
GRL Grill	WS Sink Water Heater
HGE Electric/Gas Hob	
HOB Hob	

Key to Engineer findings

NCS or NTCS	Not to current standards
AR	At Risk
ID	Immediately Dangerous
PRV	Pressure relief valve

Additional Landlord information

If a "YES" has been entered in the column titled "Indicate YES if unable to test", then the Landlord/Agent must obtain additional evidence from any person undertaking subsequent work on the appliance, that the appliance is operating safely.

Gas Safe
Registration
Number

158205

Landlord's Gas Safety Record

Landlords Inspection Service
Swallowfield One
Wolverhampton Road
Oldbury
West Midlands B69 2BG

This inspection is for gas safety purposes only in accordance with the Gas Safety (I & U) Regulations. Flues were 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.

TENANT DETAILSThe Tenant
17 Aston Road
Southsea PO4 9BH**LANDLORD/AGENTS DETAILS**Mrs G Lynagh
1 Parkside Crescent
Surbiton KT5 9HT

APPLIANCE DETAILS						INSPECTION DETAILS									
	LOCATION	TYPE	MAKE	MODEL	FLUE TYPE	Operating Value (See Key below)	Safety Device Correct Operation	Ventilation Satisfactory	FLUE PERFORMANCE		Visual Condition of Flue and Termination Satisfactory	Appliance Safe	Requested To Test	Indicate* YES if unable to test	
									Flue Flow Test	Spillage Test					
1	KITCHEN	HOB	BLACK	BLACK	FLUELESS	5.82k	Yes	Yes	N/A	N/A	N/A	Yes	Yes	---	
2	BACK BEDROOM	CHB	ARISTON	EUROCOMBI	ROOM-SEALED	11m	Yes	Yes	N/A	N/A	Yes	Yes	Yes	---	
3															
4															
5															
DETAILS OF ANY DEFECTS IDENTIFIED						REMEDIAL ACTION TAKEN			LABELLED AND WARNING NOTICE ISSUED YES/NO		GAS INSTALLATION TIGHTNESS TEST AND VISUAL INSPECTION OF GAS				
1									Yes		<div style="border: 1px solid black; padding: 5px; text-align: center;"> NEXT SERVICE CHECK DUE WITHIN 12 MONTHS </div>				
2									Yes						
3															
4															
5															
This safety record is signed by electronic signature by						Print name Mathew Brimble 133316			Date 01 October 2013		Job No. 1358862985				
Number of Appliances Tested ..2.....						Page2... of2..									

IT IS A LEGAL REQUIREMENT THAT THIS RECORD BE KEPT FOR A MINIMUM PERIOD OF TWO YEARS