

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL NO CP12 7396544

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations.

JOB ADDRESS

Name: 10 Stafford Rd
 Address: Stothford
 Postcode: S22SE Tel No: _____
 No. of Appliances Listed Below: 2

Name: James Hollisworth
 Address: Bamburgh Hall
The Hollow
Ho Pe Valley
S330AR
 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 188208
 Company: EX-CAS LTD
 Address: 35 TRENBYRIDGE DAVE
Sheffold
S1144F
 Postcode: _____
 Tel No: 2398365

APPLIANCE DETAILS

Location	Appliance Type	Make	Model	Chimney/Flue Type (OF/RS/FL)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1 Kitchen	HOB	Jumper	N7A	FD	WS	WS
2 Larder	C4B	Worcester	Greenline combi 32cn	FD	WS	WS
3						
4						

INSPECTION / SAFETY CHECKS

Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (mbar/kW)	Safety Device(s) Correct Operation (Yes/No)	Visual Condition Satisfactory (Yes/No/NA)	Chimney/Flue Performance (Pass/Fail/NA)	Combustion Reading(s) Final (If Applicable)	Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
WS	22 mbar	WS	WS	NA	NA	WS	WS
WS	31.0 kW	WS	WS	NA	9.4 %	WS	WS

SUMMARY

Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
WS	WS
WS	WS

DEFECT(S) IDENTIFIED

WARNING NOTICE SERIAL NO(S)*

REMEDIAL ACTION TAKEN

AUDIBLE CO DETECTOR

Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
WS	WS	WS
WS	WS	WS

Emergency Control Valve Satisfactory	Yes/No
WS	Y
WS	Y
WS	Y
WS	Y

DETAILS OF OTHER WORK CARRIED OUT (e.g. service, etc.)

OTHER OBSERVATIONS / COMMENTS

ISSUED BY:

Print Name: G LEATHIEL
 Licence No: 5249337

Received by: _____
 Tenant / Landlord / Agent / Other (please state)

Print Name: _____

Signed: [Signature]

Issue Date: 17/8/2022

No one present at the time of visit