

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: 568596
 Company: SRM Heating-Solutions
 Address: 31 Ironstone cres
 Postcode: S553XT
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: 71 Vincent Road
Sheffield
 Postcode: S7 1SM
 Tel:

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

Name & Title: DR JAMES HOLDSWORTH
 Address: Bamford Hall
The Hallow
Bamford, Hope valley.
 Postcode: S33 0AU
 Tel:

Number of appliances tested: 2

APPLIANCE DETAILS

Location	Make and Model	Type
1 Kitchen	IDEAL VOGUE MAX 32	CHB
2 Kitchen	LAMONA	Hob FL
3		
4		
5		

FLUE TESTS

Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
N/A	N/A	0.0002	0.0002
N/A	N/A	N/A	N/A

INSPECTION DETAILS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
YES	Pass	YES	YES	YES	YES	YES	YES
N/A	N/A	YES	YES	YES	YES	YES	YES

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

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

1
2
3
4
5

RECTIFICATION WORK CARRIED OUT

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

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

10 109 122

ISSUED BY (GAS ENGINEER)

Print Name: S. Purvis
 Licence No:

Signed: [Signature]
 Issue Date: 10-09-21

RECEIVED BY

Received By: [Signature]
 Tenant/Agent/Landlord/Home Owner
 Print Name: _____
 No one present at time of visit