



Domestic/Landlord Gas Safety Record

Safety inspection and reporting carried out in accordance with Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure. Unless stated otherwise, no detailed internal inspection of flues (Integrity, Construction and Lining) has been carried out.

Certificate Reference

11 Naburn Street 9

Certificate No: Cert.1845

Engineers Details

Trading Title:

Address:

 Post Code:

Gas Safe No: Telephone No:

Installation Details

Installation Address:

 Post Code:

Telephone No:

Client Details

Client Address:

 Post Code:

Telephone No:

Appliance Details

Inspection Details

	Location	Appliance Type	Make	Model	Combustion LOW (CO2% or CO/CO2 ratio)	Combustion HIGH (CO2% or CO/CO2 ratio)	Heat Input (KW) or Operating Pressure (Mbar)	CO Reading (ppm)	Appliance Inspected (YES/NO/NA/IO) <small>(IO = Visual Inspection Only)</small>	FlueType (OF/RS/FL)	Landlords Appliance (YES/NO/NA)	Safety Device(s) Correct Operation (YES/NO/NA)	Ventilation Provision Satisfactory (YES/NO)	Visual Condition Of Flue and Termination Satisfactory (YES/NO/NA)	Flue Performance Test (PASS/FAIL/NA)	Appliance Serviced (YES/NO/NA)	Appliance Safe To Use (YES/NO)
1	Lounge	Central heating boiler	Myson	R) 55 ELECTRONIC & a	null	0.0018	13.5 mb	144	YES	OF	YES	YES	YES	YES	PASS	NO	YES
2	Lounge	Fire	Myson	se warmer Main Flame B	null	null	0 mb	0	YES	OF	YES	NA	NA	NA	NA	NO	NO
3																	
4																	
5																	

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

1	Fire front olraedy disconnected from gas supply and not in use		NA
2			
3			
4			
5			

Emergency Control Valve Accessible: Gas Tightness Satisfactory:

Gas Installation Pipework Visual Inspection Satisfactory:

Number of Appliances Tested: Equipotential Bonding:

NEXT INSPECTION DUE ON OR BEFORE: Installation Pass:

CO Alarm fitted & working? Smoke alarm fitted & working?

Signatures

Report Issued By:

Name:

Signed:

Date:

Report Received By:

Name:

Signed:

Date:

Gas ID Number: