



# 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. This safety check complies with (but is not limited to) Regulation 26(9) of GSIUR.

Certificate Reference

65 Richmond Grove 10

Certificate No: Cert.2063

### 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	Kitchen	Central heating boiler	Worcester	CDi Classic Regular E	0.0001	0.0009	13.5 mb	83	YES	RS	YES	YES	YES	YES	PASS	YES	YES
2																	
3																	
4																	
5																	

### Faults/Notes

### Remedial Work Taken

### Warning Notice Fixed

1	Inlet working low, also working at meter low	Advised landlord	NA
2	Boiler HEX -5.70		NA
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:

Gas ID Number:

Date:

Report Received By:

Name:

Signed:

Date: