

Serial No.
B4179816

LANDLORD/HOME OWNER GAS SAFETY RECORD

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. The information recorded on this form does not confirm that the installation was installed by a Registered Installer or that the installation complies with any relevant Building 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.

Registered Business Details REG NO 158952
Gas operative DAVE HIGGINS (Print name)
Operative licence No. 2956387
Company DAVE HIGGINS
Address 140 DUNMOW COURT, OFFSTON
STOCKPORT, CHESHIRE
Postcode SU2 5PF Tel No. 0161 483 9155

Job Address
Name (Mr/Mrs/Miss/Ms) _____
Address 88 MONICA SQUARE,
LEWESHAM
Postcode _____
Tel No. _____

Landlord (or where appropriate their agent)
Name (Mr/Mrs/Miss/Ms) _____
Address _____
Postcode _____ Tel No. _____
Number of appliances tested 2

APPLIANCE DETAILS

	Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL
1	KITCHEN	Combi	Worcester	SAGENSTAR HE	<u>u</u>	<u>u</u>	<u>RS</u>
2	KITCHEN	Hob	HOTPOINT	<u>u</u>	<u>u</u>	<u>u</u>	<u>FL</u>
3							
4							

INSPECTION DETAILS

	Operating pressure in mbar or heat input in kW	Initial combustion analyser reading (if applicable)	Final combustion analyser reading (if applicable)	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Visual condition of chimney/termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No	Approved CO alarm fitted Yes/No/NA	Is CO alarm in date Yes/No/NA	Testing of CO alarm satisfactory Yes/No/NA
1	<u>20mb</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>pass</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>
2	<u>20mb</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>	<u>u</u>
3												
4												

AUDIBLE CO ALARM

If Warning/Advice Notice issued insert serial No.

DEFECT(S) IDENTIFIED

1	
2	
3	
4	

REMEDIAL ACTION TAKEN

1	
2	
3	
4	

Gas installation pipework satisfactory visual inspection Yes/No u
Emergency Control Valve (ECV) accessible Yes/No u
Satisfactory gas tightness test Yes/No/NA u
Protective equipotential bonding satisfactory Yes/No u

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS

This Safety Record issued by: Signed D. Higgins
Print Name: D. Higgins
Received by: Signed S. Higgins Tenant/Landlord/Agent/Home Owner
Date appliance(s)/chimney(s) checked: 1/8/12