



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

6 Granville

Certificate No: 1

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 | Combi boiler | Main | Eco Compact 30 Combi | 0.0001 | 0.0005 | 29.5 kw | 78ppm | YES | RS | YES | YES | YES | YES | PASS | NO | YES |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

| | | | |
|---|--|--|--|
| 1 | | | |
| 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:

Report Received By:

Name:

Gas ID Number:

Signed:

Date:

Signed:

Date: