CP12 8664836



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) 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.

The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations. For appliance Safe is based only on a visual check for obvious defects with no physical tests completed. Tel No: Postcode: Address: Name: ANDLORD / HOME Satisfactory Ventilation (Yes/No) (M APPLIANCE DEFECT(S) IDENTIFIED OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED INSPECTION / SAFETY CHECKS DETAILS OF OTHER WORK CARRIED OUT Location Operating Pressure or Heat Input (mbar/kW Correct Operation Safety Device(s) (Yes/No) ころと OWNER GAS SAFETY RECORD Appliance Type Visual Condition Satisfactory (Yes/No/NA) CHIMNEY CHECKS REMEDIAL ACTION TAKEN Postcode: Address: Name: LANDLORD DETAILS Tel No: (Pass/Fail/NA) Chimney/Flue Performance ROSE Jan APPLIANCE DETAILS COMBUSTION READING(S Initial

(If Applicable) SAFETY CHECK DUE BEFORE Make NEXT If Applicab A Final Print Name: Meter / Cylinder-Installation Satisfactory (Visual): Received by Licence No: issued by: Main Protective Bonding Satisfactory (Visual): Emergency Control Valve Satisfactory: Appliance Serviced (Yes/No) 3 Model Appliance Safe Postcode Reg No: Address: Company Tel No: REGISTERED BUSINESS (1) (Yes/No) INSTALLATION GENERAL (Ye Chimney/Flue Type | Landlord's Appliance | Appliance Checked Correctly Installed Signed: Gas Tightness Test Satisfactory Gas Installation Correct Materials Used (Visual): Gas Installation Pipework Satisfactory (Visual): (Yes/No/NA (FL/OF/RS) Issue Date AUDIBLE CO DE LECTOR DETAILS

Top Copy - Landlord / Managing Agent / Home Owner Middle Copy Lepant Bottom Copy - Registered Business

Signed:

Print Name:

Tenant / Home Owner / Landlord / Other (please state)

Refer to separate Warning Notice(s)

To re-order quote Ref. CP12

No one present at the time of visit

Test Satisfactory a registered trade mark of the HSE and is used under licence.

(Yes/No/NA)

(Yes/No/NA

In Date

(Yes/No/NA)

(Yes/No) (1)