

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL NO

CP12 8664837



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 appliances not owned by the Landlord, where only visual checks are undertaken, recording a YES in 'Appliance Safe' is based only on a visual check for obvious defects with no physical tests completed.

JOB ADDRESS

Rented Accommodation (Yes / No) **YES**

Name: Zoe Linnac Fuel Inst
 Address: 7 ST STEPHENS STREET
BLISDLE
 B51 1EZ
 Postcode: BLISDLE
 Tel No: _____

LANDLORD DETAILS (or where appropriate their agent)

Name: _____
 Address: c/o Bellamy
 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 6303363
 Company: NETTLE HORTON
 Address: REYNOLDSWAY
BLISDLE
 Postcode: B51 2AD
 Tel No: 0173016339.0795855771

APPLIANCE DETAILS

	Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1	SALES OFFICE	COMB BURNER	WOLFORD	49-31185 G.55AL	24 June	YES	YES
2							
3							
4							

No. of Appliances Listed Below: 1

	INSPECTION / SAFETY CHECKS			CHIMNEY CHECKS		COMBUSTION READING(S)		SUMMARY		AUDIBLE CO DETECTOR		
	Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (mbar/kW)	Safety Device(s) Correct Operation (Yes/No)	Visual Condition Satisfactory (Yes/No/NA)	Chimney/Flue Performance (Pass/Fail/NA)	Initial (If Applicable)	Final (If Applicable)	Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)	Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
1	YES	24m	YES	NO *	PASS	M ₁	15.4	YES	YES	✓	✓	✓
2												
3												
4												

APPLIANCE DEFECT(S) IDENTIFIED

REMEDIAL ACTION TAKEN

INSTALLATION GENERAL (Yes/No/NA)

Emergency Control Valve Satisfactory: Gas Installation Pipework Satisfactory (Visual):

Meter / ~~Chimney~~ Installation Satisfactory (Visual): Gas Installation Correct Materials Used (Visual):

Main Protective Bonding Satisfactory (Visual): Gas Tightness Test Satisfactory:

DETAILS OF OTHER WORK CARRIED OUT (e.g. service, etc.)

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

* Termination of APPLIANCES & NOED
REPAIRS

NEXT

SAFETY CHECK DUE BEFORE

13/09/25

Issued by: Silver Heart Signed: [Signature]
 Licence No: 587913 Issue Date: 13-09-24

Received by: Thonye Wang Signed: _____
 Print Name: _____

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

No one present at the time of visit

* Refer to separate Warning Notice(s)

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

To re-order quote Ref: CP12