Satisfactory Ventilation (Yes/No)

INSPECTION / SAFETY CHECKS

Operating Pressure or Heat Input (mbar/kW)

Correct Operation Safety Device(s) (Yes/No)

Visual Condition Satisfactory (Yes/No/NA)

(Pass/Fail/NA) Chimney/Flue Performance

CHIMNEY CHECKS

Location

STON STU

20名がめの

Appliance Type

Postcode

Tel No:

Address:

SERIAL Nº CP12

8664841



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 compiles 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. Name: JOB ADDRES ANDLORD / HOME Red OWNER GAS SAFETY RECORD S LANDLORD DETAILS Name:

	TAKEN		(If Applicable)	COMBUSTION READING(S)		12 Jan	LIANCE DETAILS Make			VILS (or where appropriate their agent)
			(If Applicable)			2	8			their agent)
		1	(Yes/No)	SUMMARY Appliance Serviced Appl		SA So	Model			/
	INSTALLATIO	,	(Yes/No)	IARY Appliance Safe		8	<u>e.</u>	Postcode:	Reg No: Company: Address:	REGISTERED
	INSTALLATION GENERAL (Yes/No/NA)		(Yes/No/NA	AUDII Correctly Installed		(FL/QF/RS)	No Chimney/Flue Type			REGISTERED BUSINESS DETAILS
	ss/No/NA)	((Yes/No/NA)	AUDIBLE CO DETECTOR talled In Date Test		(Yes/No/NA)	No. of Appliances Listed Below: \text{No. of Appliances Listed Below: \text{No. of Appliance Checked}}			VILS
		registered tr	(Yes/No/NA)	Satisfactory						
1	13 0	redistered th	auc IIIai	N OI LITE	I IOL and	io used un	dor not			

DETAILS OF OTHER WORK CARRIED OUT (e.g. service) OBSERVATIONS / COMMERTS / REMEDIAL WORK REQ. OBSERVATIONS / COMMERTS / REMEDIAL WORK REQ. OBSERVATIONS / COMMERTS / REMEDIAL WORK REQ.	DETAILS OF OTHER WORK CARRIED OUT (& g. Service. etc.) OS ONIMERAS / REMEDIAL WORK REQUIRED SAFETY CHECK DUE BEFORE ON THE SAFETY CHECK DUE BEFORE
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* Refer to separate Warning Notice(s)

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

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

NOON MORES

STAIRS Signed: 15	icence No:	rint Name:
	2117	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signed:		Have
ā ()	lssue Da	Signed:
	ate:	A
73	4 54	

Gas Tightness Test Satisfactory:

Gas Installation Pipework Satisfactory (Visual):

Signed:	Issue Date:	Signed:
No one present at the time of visit	7-2-0	

Gas Installation Correct Materials Used (Visual): Gas Safe

To re-order quote Ref. CP12