

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL No CP12 9146081

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems, when checked, 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 satisfactory or that the installation complies with any relevant Building Regulations. A 'Visual Inspection Only' is based on a visual check and risk assessment for obvious defects and no physical tests have been undertaken. Unless the visual check identifies the appliance is not 'Safe to Use' it will indicate that the appliance is 'Not Tested' (NT).

JOB ADDRESS

Rented Accommodation (Yes / No)

Name: Gff 26 wolver hse
Address: Gifford
Postcode: BS8 7UE
Tel No: _____

LANDLORD DETAILS (or where appropriate their agent)

Name: cf belsney
Address: _____
Postcode: _____
Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 652363
Company: Network Hartle
Address: Keasdale
Postcode: BS31 2GD
Tel No: 01733 163949 079885572

Postcode: _____
Tel No: _____

Postcode: _____
Tel No: _____

No of Appliances Listed Below:

| Location | Appliance Type | Make | Model | Chimney/Flue Type (FLU/FFRS) | Landlord's Appliance (Yes/No/NA) | Appliance Checked (Yes/No) |
|----------------|-----------------|-------------------------|-------------|------------------------------|----------------------------------|----------------------------|
| <u>Gifford</u> | <u>gas fire</u> | <u>WILLOW 47-244-69</u> | <u>none</u> | <u>15</u> | <u>yes</u> | <u>yes</u> |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |

| INSPECTION / SAFETY CHECKS | CHIMNEY CHECKS | COMBUSTION READING(S) | APPLIANCE 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) (If Applicable) |
| <input checked="" type="checkbox"/> | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 1 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |

APPLIANCE DEFECT(S) IDENTIFIED

REMEDIAL ACTION TAKEN

INSTALLATION GENERAL (Yes/No/NA)

| | | | |
|--|-------------------------------------|---|-------------------------------------|
| Emergency Control Valve Satisfactory: | <input checked="" type="checkbox"/> | Gas Installation Pipework Satisfactory (Visual): | <input checked="" type="checkbox"/> |
| Meter / Cylinder Installation Satisfactory (Visual): | <input checked="" type="checkbox"/> | Gas Installation Correct Materials Used (Visual): | <input checked="" type="checkbox"/> |
| Main Protective Bonding Satisfactory (Visual): | <input checked="" type="checkbox"/> | Gas Tightness Test Satisfactory: | <input checked="" type="checkbox"/> |

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

NEXT SAFETY CHECK DUE BEFORE

Issued by: Sara Belsney Signed: AA
Print Name: Sara Belsney
Licence No: 582475 Issue Date: 19-09-25

Received by: _____ Signed: _____
Print Name: _____

