

## **Landlord Gas Safety Record**

Cert. No. 370

YOUR LOCAL GAS COMPANY

Print Name

JASON SANGER

Print Name

J SANGER

Safety Inspection and reporting carried out in accordance with the Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure.

| Company / I  | nstaller                                |              |                           |            | Job Addr   | ess       |                         |                     |                              |                   |                  | Cu                 | stome               | er / L   | andlord.                    |                       |                                 |                |                       |                          |  |  |
|--|---|--------------|---------------------------|------------|------------|-----------|-------------------------|---------------------|------------------------------|-------------------|------------------|--------------------|---------------------|----------|-----------------------------|-----------------------|---------------------------------|----------------|-----------------------|--------------------------|--|--|
| Engineer   | JASON SANGER                            |              |                           |            | Name       |           |                         |                     |                              |                   |                  |                    | ame                 |          |                             |                       |                                 |                |                       |                          |  |  |
| Company  | PLATINUM PROPERTY SERVICES (WALES) Ltd. |              |                           |            | Address    | 39        | 39                      |                     |                              |                   |                  |                    | mpany               |          | Davies Homes                |                       |                                 |                |                       |                          |  |  |
| Address  | MYDAM LODGE                             |              |                           |            |            | Al        | Abernethy Quay          |                     |                              |                   |                  |                    | ldress              |          | 8                           |                       |                                 |                |                       |                          |  |  |
|  | 19 Mydam La                             | ane          |                           |            |            | M         | ariner                  |                     |                              |                   |                  |                    |                     |          | Borough roa                 | ad                    |                                 |                |                       |                          |  |  |
|  | Gorseinon                               |              |                           |            |            | Sv        | Swansea                 |                     |                              |                   |                  |                    |                     |          | Gorseinon                   |                       |                                 |                |                       |                          |  |  |
|  | SWANSEA                                 |              |                           |            | Post Code  | SA        | SA11UF                  |                     |                              |                   |                  |                    |                     |          | Swansea                     |                       |                                 |                |                       |                          |  |  |
| Post Code  |   |              |                           |            | Tel. No    |           |                         |                     |                              |                   |                  | Po                 | st Code             |          | SA4 6RP                     |                       |                                 |                |                       |                          |  |  |
| Tel No.  | 3/11 11/1                               |              |                           |            |            |           |                         |                     |                              |                   |                  | Te                 | Tel. No 01792448979 |          |                             |                       |                                 |                |                       |                          |  |  |
| Gas Safe Reg   | fe Reg 227395                           |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| ID Card No.  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Appliance D  | etails                                  |              |                           |            |            |           | Inspec                  | tion Details        |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Location   | Appliance Type                          |              | Make                      | Mod        | el         | Flue Type | Landlord's<br>Appliance | Appliance Inspected | Operating Pressure<br>(mbar) | Heat Input (kW/h) | High Com<br>Read |                    |                     |          | Safety device(s)<br>correct | Provision             | Visual condition<br>of flue and | Performance    | Appliance<br>Serviced | Appliance safe<br>to use |  |  |
|  |   |              |                           |            |            |           | "                       |                     |                              |                   |                  |                    | Ratio CO            |          | operation                   | satisfactory          | termination<br>satisfactory     | test           |                       |                          |  |  |
| 1 Kitcher  | n Co                                    | mbi Boiler   | Pro                       | Pro-Comb   | ni 85HF    | RS        | NA                      | Yes                 | 18                           | NA                | .0002            | m R 49             | ppn<br>N.A          | A NA     | Yes                         | Yes                   | Yes                             | Pass           | Yes                   | Yes                      |  |  |
| 2  | . 00                                    |              |                           | 110 001111 | 3. 002     |           | 1471                    |                     |                              |                   | .0002            |                    |                     | 1 14     |                             |                       |                                 | . 455          | 1.00                  | 1.00                     |  |  |
| 3  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| 4  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| 5  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| 6  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Defects / Ide  | nd Warning N                            | lotice Issue | ed C                      | O Alarr    | m(s)       |           |                         | Smoke               | Alarm(s                      | )                 |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     | (0)      |                             |                       |                                 | (5             | 4                     |                          |  |  |
| 2  |   |              |                           |            |            |           |                         |                     |                              | NA                |                  | _    _             | O Alarm             | /c) fit  | tod                         | Yes                   | Smoko                           | Alarm(s) fit   | tod                   | Yes                      |  |  |
| 3  |   |              |                           |            |            |           |                         |                     |                              |                   |                  | $-\parallel$       | O Alaitii           | 1(3) 110 | ica                         | 103                   | Silloke                         | -lailil(3) lic | icu                   | 103                      |  |  |
| 4  |   |              |                           |            |            |           |                         |                     |                              |                   |                  | CO Alarm(s) tested |                     |          | D                           | Smoke Alarm(s) tested |                                 |                | D                     |                          |  |  |
| 5  |   |              |                           |            |            |           |                         |                     |                              |                   |                  | and Satisfactory   |                     |          | Pass                        | and Satisfactory Pass |                                 |                |                       |                          |  |  |
| 6  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Emergency Co   | ntrol Accessib                          | le Yes Gas   | Tightness Satisfactory NA | \          | Comr       | nents     |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Gas Installation Pipework Visual Inspection Satisfactory Yes |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Number of App  | liances Teste                           | d 1          | Equipotential Bonding Ye  | S          |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| NEXT INSPECT   | ION DUE ON O                            | R REFORE     | 20-Nov-2020               |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| WEXT INSTEED   | 011 002 011 0                           | AN BEI ONE   |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
|  |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Signatures   |   |              |                           |            |            |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |
| Issued by:   | Signed                                  |              | \                         |            | Received S | Signed    |                         | 01                  |                              |                   |                  |                    | Date                |          | 20-N                        | ov-2019               |                                 |                |                       |                          |  |  |
|  |   | ( KJS)       | )                         | k          | oy:        |           |                         |                     |                              |                   |                  |                    |                     |          |                             |                       |                                 |                |                       |                          |  |  |