

# LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL NO  
**CP12 8664752**



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.

REGISTERED BUSINESS DETAILS  
 Reg No: 652365  
 Company: Norfolk Home  
 Address: 145 Sturton  
 Postcode: PC31 7GD  
 Tel No: 0176916597

LANDLORD DETAILS (or where appropriate their agent)  
 Name: First of the first flat  
 Address: 26 North End  
 Postcode: SS2 2UE  
 Tel No: \_\_\_\_\_

LANDLORD DETAILS (or where appropriate their agent)  
 Name: \_\_\_\_\_  
 Address: 110  
 Postcode: \_\_\_\_\_  
 Tel No: \_\_\_\_\_

REGISTERED BUSINESS DETAILS  
 Reg No: 652365  
 Company: Norfolk Home  
 Address: 145 Sturton  
 Postcode: PC31 7GD  
 Tel No: 0176916597

Appliance No.	Location	Appliance Type	Make	Model	No. of Appliances Listed Below:		
					Chimney/Flue Type (FLO/FRS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1	Backdoor kitchen	Stove	Westerl	ASH 300A	15	YES	YES
2	1st floor		41-31-93				
3							
4							

Appliance No.	INSPECTION / SAFETY CHECKS			CHIMNEY CHECKS		COMBUSTION READING(S)		SUMMARY		AUDIBLE CO DETECTOR		
	Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (Imbar/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	30kW	YES	YES	PASS	19.1	19.1	YES	YES	YES	YES	YES
2												
3												
4												

APPLIANCE DEFECT(S) IDENTIFIED: \_\_\_\_\_

REMEDIAL ACTION TAKEN: \_\_\_\_\_

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

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED: \_\_\_\_\_

SAFETY CHECK DUE BEFORE: 19/09/24

ISSUED BY: Sina Havel SIGNED: [Signature]

PRINT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

LICENCE NO: 548520 ISSUE DATE: 19-09-23

EMERGENCY CONTROL VALVE SATISFACTORY:  YES

METER / CYLINDER INSTALLATION SATISFACTORY (VISUAL):  YES

MAIN PROTECTIVE BONDING SATISFACTORY (VISUAL):  YES

RECEIVED BY: \_\_\_\_\_ SIGNED: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ SIGNED: \_\_\_\_\_

LICENCE NO: \_\_\_\_\_ ISSUE DATE: \_\_\_\_\_

NO ONE PRESENT AT THE TIME OF VISIT: