

# LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL NO

CP12 1105949

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)

Name: 45 Cavendish Green  
 Address: Walsley  
 Postcode: B51 5ST  
 Tel No: \_\_\_\_\_

Name: do Belmont  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel No: \_\_\_\_\_

## REGISTERED BUSINESS DETAILS

Reg No: 652863  
 Company: NETWORK HOME  
 Address: WALSLEY  
WALSLEY  
 Postcode: B51 7LP  
 Tel No: 01789 1659-07885711

## APPLIANCE DETAILS

No. of Appliances Listed Below: 1

Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1 Kitchen	Combi Boiler	Waldesnes	A-SM 33 CA	RS	YES	YES
2						
3						
4						

## INSPECTION / SAFETY CHECKS

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)	COMBUSTION READING(S)	Appliance Safe (Yes/No)
1 YES	17.5 bar	YES	YES	NA	Initial: _____ Final: <u>0.027</u>	YES
2						
3						
4						

## SUMMARY

Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
1 YES	YES
2	
3	
4	

## AUDIBLE CO DETECTOR

Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
1 YES	YES	YES
2		
3		
4		

## APPLIANCE DEFECT(S) IDENTIFIED

1	
2	
3	
4	

## 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.)


## OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED


## NEXT

## SAFETY CHECK

## DUE BEFORE

19/09/26

Issued by: Uma Housat Signed: [Signature]  
 Licence No: 548920 Issue Date: 19-09-23  
 Received by: FRANCESCA FERNANDES Signed: [Signature]  
 Tenant / Home Owner / Landlord / Other (please state): \_\_\_\_\_  
 No one present at the time of visit

WARNING NOTICE SERIAL NO: \_\_\_\_\_

\* 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