

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL NO

CP12 9146080



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 installed by a person licensed by Gas Safe Register nor 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) ☒ YES

LANDLORD DETAILS

(or where appropriate their agent)

REGISTERED BUSINESS DETAILS

Name: _____
Address: 46 Calcutta Green
BUSA
Postcode: B51 5EF
Tel No: _____

Name: _____
Address: 40 Bellary
Postcode: _____
Tel No: _____

Reg No: 632365
Company: NETWORK HEATING
Address: BUSA
Postcode: B531 2GD
Tel No: 0117 3671639 • 07958554721

APPLIANCE DETAILS						No. of Appliances Listed Below: <input checked="" type="checkbox"/>		
	Location	Appliance Type	Make	Model	Chimney/Flue Type (FLO/FRS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)	
1	<u>Living</u>	<u>Gas</u>	<u>Boiler</u>	<u>Wolfsol 474665 Gas</u>	<u>29 ca</u>	<u>IS</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)	Initial (If Applicable)	Final (If Applicable)	Serviced (Yes/No)	Visual Inspection Only (Yes/No)	Safe To Use (Yes/No/NT)	Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)	
<u>YES</u>	<u>29kw</u>	<u>YES</u>	<u>YES</u>	<u>Good</u>	<u>Min</u>	<u>Max</u>	<u>YES</u>	<u>✓</u>	<u>YES</u>	<u>✓</u>	<u>✓</u>	<u>✓</u>	
2													
3													
4													

APPLIANCE DEFECT(S) IDENTIFIED		REMEDIAL ACTION TAKEN		INSTALLATION GENERAL (Yes/No/NA)			
1				<input checked="" type="checkbox"/> Emergency Control Valve Satisfactory:	<input checked="" type="checkbox"/> Gas Installation Pipework Satisfactory (Visual):	<input checked="" type="checkbox"/> Meter Correct Installation Satisfactory (Visual):	<input checked="" type="checkbox"/> Gas Installation Correct Materials Used (Visual):
2				<input checked="" type="checkbox"/> Main Protective Bonding Satisfactory (Visual):	<input checked="" type="checkbox"/> Gas Tightness Test Satisfactory:		<input checked="" type="checkbox"/>
3							
4							

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

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

SAFETY CHECK DUE BEFORE 19/09/26

Issued by: _____ **Signed:** _____ **Issue Date:** 19-09-25

Print Name: Sima Haseet **Signed:** _____

Licence No: 584475 **Issue Date:** _____

Received by: _____ **Signed:** _____

Print Name: EVIE SEVENKINS **Signed:** _____

Tenant / Home Owner / Landlord / Other (please state) _____ **No one present at the time of visit** ☐