

Serial No

66358

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas Safe is a registered trade mark of HSE and is used under licence

Details of Registered Business

Gas Safe Register No 64101
 Registered Engineer's Name [REDACTED]
 Gas Safe Register Licence Number [REDACTED]
 Business [REDACTED]
 Address [REDACTED]
 Postcode [REDACTED]
 Contact No [REDACTED]

Details of Site

Name (Mr/Mrs/Miss/Ms) [REDACTED]
 Address [REDACTED]
 Postcode [REDACTED]
 Contact No [REDACTED]

Details of Landlord/Homeowner (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) [REDACTED]
 Address [REDACTED]
 Postcode [REDACTED]
 Contact No [REDACTED]

Section 1

Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	kitchen	conv/boiler	Worcester	24 R.	Yes	Yes	F/F
2	kitchen	Hob	Lamona	Hob	Yes	Yes	NA
3	livingroom	Stove	Turner	village B	Yes	Yes	O/F
4							

Inspection Details

	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Serviced Yes/No	SAFE TO USE Yes/No
1	18.5	PASS	Yes	PASS	PASS	0008	Yes	Yes
2	20mbar	PASS	Yes	NA	NA	NA	Yes	Yes
3	MAX 17.	PASS	Yes	PASS	PASS	NO CO DETECTED	Yes	Yes
4								

Any Defects Identified Section 2

	GIUSP classification eg. NCS, AR, ID	Warning/Advice Record insert form serial No*
1		
2		
3		
4		

Remedial Action Taken numbering should correspond to defects above.

1	Should be a sign to show where gas can be isolated
2	
3	
4	

* Refer to separate Warning/Advice Notice

Section 3

ATTENTION

Next safety check due by:

28-3-14

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA
 Outcome of gas supply pipework visual inspection? Pass / Fail / NA
 Is the Emergency Control Valve access satisfactory? Pass / Fail
 Outcome of gas tightness test? Pass / Fail / NA
 Is the Protective Equipotential bonding satisfactory? Pass / Fail

Record issued by: Signature [REDACTED]

Print Name [REDACTED]

Received by: Signature [REDACTED]

Tenant/Landlord/Homeowner/Agent

Date appliance(s)/flue(s) checked _____