

Serial No:
BM 070406

LANDLORD GAS SAFETY RECORD



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations.

The information recorded on this form does not confirm that the installation was installed by a Gas Safe registered engineer or that the installation complies with any relevant Building Regulations.

Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

Registered Business Details Gas Safe Registered No: **5727466**

Gas engineer: Frank Wren (Print name)

Gas Safe ID card licence No: 521225

Company: Franky

Address: 21 Millbank Road
Millbank

Postcode: IV8 8ML Tel No: 01463 811171

Site Address AC16

Name (Mr/Mrs/Miss/Ms): _____

Address: Abley Church, 16
17 Benedict's Abbas
Fort Augustus

Postcode: _____

Tel No: _____

Landlord (or where appropriate his/her agent)

Name (Mr/Mrs/Miss/Ms): San Yon Highlands

Address: _____

Postcode: _____ Tel No: _____

Number of appliances tested

DETAILS OF APPLIANCE

	Location	Appliance type	Make	Model	Appliance inspected Yes/No	Landlord's appliance Yes/No/NA	Flue type OF/RS/FL
1	<u>Cupboard</u>	<u>Boiler</u>	<u>Vohwa</u>	<u>Unica 364E</u>	<u>Y</u>	<u>Y</u>	<u>RF</u>
2	<u>Under</u>	<u>Hob</u>	<u>Ving</u>		<u>Y</u>	<u>Y</u>	<u>FL</u>
3							
4							

DETAILS OF INSPECTION

	Operating pressure in mbar or heat input kW	Flue in voids checked Yes/No	CO/CO ₂ ratio	Safety device(s) correct operation Yes/No/NA
1	<u>33.9mbar</u>	<u>No</u>	<u>0.0017</u>	<u>Y</u>
2	<u>-</u>	<u>-</u>	<u>-</u>	<u>Y</u>
3				
4				

	Ventilation provision satisfactory Yes/No	Chimney/flue and termination condition satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
1	<u>Y</u>	<u>Y</u>	<u>NA</u>	<u>Y</u>	<u>Y</u>
2	<u>Y</u>	<u>NA</u>	<u>NA</u>	<u>NO</u>	<u>Y</u>
3					
4					

IDENTIFIED DEFECT(S)	If Warning/Advice Notice issued insert serial No*	ANY REMEDIAL ACTION TAKEN
1		1
2		2
3		3
4		4

Gas Installation Pipework Satisfactory Visual Inspection Yes/No

Emergency Control Valve Accessible Yes/No

Satisfactory Gas Tightness/Soundness Test Yes/No

Equipotential Bond Satisfactory Yes/No

Audible Carbon Monoxide Alarm Tested Yes/No

This Safety Record issued by: Signed F. Wren

Print Name: F. Wren

Received by: Signed _____ Tenant/Landlord/Agent/Home Owner

Date appliance(s)/flue(s) checked: 27/09/22

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS