вм 070212

ANDLORD 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:
Gas engineer: Frank Uneum (Print name)
Gas Safe ID cardicence No: 57/7/1
Company: 1 cantely
Address: 21 Mull Sour le Road
Postcode: 1 18 Min Lochs 014638/1171
Postcode: / / / / / Tel No: 0 / 4 6 J 8 / // 3/

				Postcode:_	IVPFA	Tel No:	450/	4638111	7/	
Site Address Name (Mr/Mrs/Miss/Ms): Address: Address: Address: Postcode: Tel No:				Nan Add Post	Landlord (or where appropriate his/her agent) Name (Mr/Mrs/Miss/Ms): San on Uighland Address: Postcode: Tel No: Number of appliances tested					
	DETAILS OF APPLIANCE									
1 2 3 4	Location Appliance type Cupbagge Borly Cupbagge Hob		Və la	,	Model (Un/a 36H		Appliance inspected Yes/No	Landlord's appliance Yes/Ng/NA	Flue type OF/RS/FL	
			DETA	ILS OF INSPE	CTION		RESIDE			
1 2 3	mbar or heat input kW			checked Yes/No		CO/CO ₂ ratio		Safety device(s) correct operation Yes/No/NA		
4										
	Ventilation provision Chimney/flue and satisfactory termination condition Yes/No satisfactory Yes/No/NA		tion	Flue performa checks Pass/Fail/N	KS S		oliance viced s/No	to u	Appliance safe to use Yeş/No	
1	Zy 8			NA		8		7,		
2	b WM			MX		No		%		
4										
IDE	NTIFIED DEFECT(S)		If Warning issued in	g/Advice Notice sert serial No*	ANY RE	MEDIAL ACT	TION TAKE	N	AE RIDINAL	
1					1					
2					2					

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	ľ
mergency Control Valve Accessible	Yes/No	1/2
atisfactory Gas Tightness/Soundness Test	Yes/No	
quipotential Bond Satisfactory	Yes/No	M
audible Carbon Monoxide Alarm Tested	Yes/No	8

This Safety Record issued by: Signed
Print Name: Wrem
Received by: Signed
Date appliance(s)/flue(s) checked: $17/03/11$