

Serial No:
BM 070215

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: **528466**

Gas engineer: Frankie Keenan (Print name)

Gas Safe ID card licence No: 521205

Company: Frankie's

Address: 21 Millbank Road

Postcode: W1P 1PL Tel No: 01463 811134

Site Address bu 6

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

Address: Brother Wingab
St Benedict - Abbey
Fort Augustin

Postcode: _____

Tel No: _____

Landlord (or where appropriate his/her agent)

Name (Mr/Mrs/Miss/Ms): John Ian Highland

Address: _____

Postcode: _____ Tel No: _____

Number of appliances tested 2

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>Borko</u>	<u>Vohwa</u>	<u>Waring 36AE</u>	<u>Y</u>	<u>Y</u>	<u>R</u>
2	<u>Under</u>	<u>Hob</u>	<u>Smeg</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>35.1-6</u>	<u>-</u>	<u>0.0018</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. Keenan

Print Name: F. Keenan

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

Date appliance(s)/flue(s) checked: 17/03/22

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS