

Serial No:  
**BM 070557**

# 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:**

Gas engineer: Franz Wrenne (Print name)

Gas Safe ID card licence No: J-212217

Company: Franz Wrenne

Address: 21 Millbank Road  
Mumloch

Postcode: IV8 9PL Tel No: 01463 911171

**Site Address** 057

Name (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Address: Old School L7  
St Benedict's Abbey  
Fort Augustus

Postcode: \_\_\_\_\_

Tel No: \_\_\_\_\_

**Landlord (or where appropriate his/her agent)**

Name (Mr/Mrs/Miss/Ms): Janice Highland

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Number of appliances tested  1  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>Boiler</u>	<u>Volvo</u>	<u>My way 200</u>	<u>Y</u>	<u>Y</u>	<u>RS</u>
2	<u>Under</u>	<u>Hot</u>	<u>AEG</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 <sub>2</sub> ratio	Safety device(s) correct operation Yes/No/NA
1	<u>21.4-6</u>	<u>Y</u>	<u>0.0002</u>	<u>NA</u>
2	<u>-</u>	<u>-</u>	<u>-</u>	<u>NA</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. Wrenne

Print Name: F. Wrenne

Received by: Signed \_\_\_\_\_ Tenant/Landlord/Agent/Home Owner

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

### NEXT SAFETY CHECK DUE WITHIN 12 MONTHS