

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL No

CP12 8084152

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations. For appliances not owned by the Landlord, where only visual checks are undertaken, recording a YES in 'Appliance Safe' is based only on a visual check for obvious defects with no physical tests completed.

JOB ADDRESS

Name: _____
 Address: 114A, Northfield Road
Heston
Middle
 Postcode: TW59DQ Tel No: 2
 No. of Appliances Listed Below: 2

LANDLORD DETAILS (or where appropriate their agent)

Name: Henley Estate Agents
 Address: _____
 Postcode: _____
 Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 197693
 Company: Bracker Builders
 Address: 8 Marlow Road
Saithell, Middle
UB2
 Postcode: _____
 Tel No: 07939 276900

APPLIANCE DETAILS

	Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1	Kitchen	Boiler	Baxi	Dao Ter Combi 28	RS	YES	YES
2	Kitchen	Hob	Neff	/	FL	YES	YES
3							
4							

INSPECTION / SAFETY CHECKS

Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (mbar/kW)	Safety Device(s) Correct Operation (Yes/No)	Visual Condition Satisfactory (Yes/No/NA)	Chimney/Flue Performance (Pass/Fail/NA)
YES	19.0 mb	YES	YES	Pass
YES	11.5 mb	YES	N/A	N/A

CHIMNEY CHECKS

Initial (If Applicable)	Final (If Applicable)
0-006	/
N/A	/

COMBUSTION READINGS(S)

Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
NO	YES
NO	YES

SUMMARY

Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
NO		

AUDIBLE CO DETECTOR

Emergency Control Valve Satisfactory	Main Protective Bonding Satisfactory (Visual)	Gas Installation Pipework Satisfactory (Visual)	Gas Tightness Test Satisfactory
YES	YES	YES	YES

APPLIANCE DEFECT(S) IDENTIFIED

1	NONE
2	NONE
3	
4	

WARNING NOTICE SERIAL No(s) *

REMEDIAL ACTION TAKEN

DETAILS OF OTHER WORK CARRIED OUT (e.g. service, etc.)

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

NEXT SAFETY CHECK DUE BEFORE

(8/17/22)

Issued by: Print Name: Licence No: Received by: Tenant / Home Owner / Landlord / Other (please state) Print Name: No one present at the time of visit

Issued by: S.S. Bracker Signed: S.S. Bracker
 Licence No: _____ Issue Date: 19/7/21
 Received by: A. Bracker Signed: A. Bracker
 Tenant / Home Owner / Landlord / Other (please state) _____
 Print Name: _____ No one present at the time of visit

* Refer to separate Warning Notice(s)

Top Copy - Landlord / Managing Agent / Home Owner

Middle Copy - Tenant

Bottom Copy - Registered Business

To re-order quote Ref. CP12