

Serial No

WA 712278

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the completion of the checks and tests required by the Gas Safety (Installation and Use) Regulations. Some of the appliances are as a result of a visual inspection only and are not checked. Please specify the type of detailed inspection of the flue or gas control system (if any) that has been performed. Registered Gas Safety Inspectors can be checked at www.gasafetyshop.co.uk or by calling 0800 406 5500.

Gas safe is a registered trade mark of BGE and is used under licence



Details of Registered Business

Gas Safe Register No 221070
 Registered Engineer's Name Geoff Callous
 Gas Safe Register Licence Number 3314797
 Business Beathrods Building Ser.
 Address Buddleigh House St Francis
Cotnam Road Sidmouth.
 Postcode EX10 8SU
 Contact No 0139519449

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
 Address The Nook 18 Other Court
Buddleigh Exeter
Devon
 Postcode EX9 6JH
 Contact No _____

Details of Landlord/Homeowner (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) Jon Hanna
 Address The Old Rectory
Buddleigh Exeter
 Postcode EX9 7DE
 Contact No _____

Number of Appliances tested: 2

Select as appropriate and relevant

Outcome of gas installation pipework visual inspection Pass/Fail / NA

Outcome of gas supply pipework visual inspection? Pass/Fail / NA

Is the Emergency Control Valve access satisfactory? Pass/Fail

Outcome of gas tightness test? Pass/Fail / NA

Is the Protective Equipment bonding satisfactory? Pass/Fail

Not forget to re-order your pads using reference GSR LASR PAD2 at www.gasafetyshop.co.uk

Appliance Details

Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 Kitchen	Boiler	Mason	OTION	Yes	Yes	B/E
2 Kitchen	Gas hob	Zanussi	Rail in	Yes	Yes	o/c
3						
4						

Inspection Details

Operating pressure in boiler and/or heat input kWh or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Serviced Yes/No	SAFE TO USE Yes/No
1 20mbar	N/A	Yes	Yes	Pass	N/A	Yes	Yes
2 20mbar	N/A	Yes	N/A	N/A	N/A	Yes	Yes
3							
4							

Any Defects Identified

1 _____
 2 _____
 3 _____
 4 _____

Remedial Action Taken numbering should correspond to defects above

Details of Work carried out

1 _____
 2 _____
 3 _____
 4 _____

* Refer to separate Warning/Advice Notice

Record issued by: Signature

Print Name

Received by: Signature

Date appliance(s)/flue(s) checked

ATTENTION

Next safety check due by:

1 April 2015

Tenant/Landlord/Homeowner/Agent