3.

LANDLORD'S GAS SAFETY RECORD

INSPECTING INSTALLER

Name:
Address:
[redacted]
Post Code:

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

INSPECTION ADDRESS

Name:
Address: 23 gerald st, u
Wrexham
Post Code: LL11 2EH Tel:
Tenant's Nam [redacted] Present ~~YES~~ / NO

LANDLORD'S NAME AND ADDRESS

Name:
Address:
[redacted]
Post Code:

APPLIANCE DETAILS								FLUE TESTS		INSPECTION DETAILS					
	Location	Make	Model	Type	Flue Type RS or CF	Operating pressure in.w.g/mbar	Safety device Correct operation Yes/No	Smoke Match Spillage Test Pass/Fail	Smoke Pellet Flue Flow Test Pass/Fail	Satisfactory termination Yes/No	Visual Condition Pass/Fail	Adequate Ventilation Yes/No	Appliance safe to use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	Living Cupboard	Potterton	Profile	80E	RS	11	yes	Pass	Pass	yes	Pass	Pass	yes		
2															
3															
4															
5															

Gas Installation Soundness Test Pass ✓ Fail ___

GIVE DETAILS OF ALL FAULTS AND RECTIFICATION WORK REQUIRED	Warning notice issued Yes/No	Warning Tag or Sticker Fixed Yes/No

Number of appliances tested 1 ***NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS***

This record is issued by: Signe [redacted] Print name [redacted] Date: 25/08/03

Received on behalf of the Landlord: Signed [redacted] Tenant/Agent/Landlord Date: 25/08/03.

Copies: White – Landlord/Agent Green – Installer Pink – Tenant

Form Ref. - REG P45