

LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL N^o

CP12 8552146



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 Rented Accommodation (Yes / No)

Name: _____

Address: Borvil Lodge
Ullingworth
Gower

Postcode: _____

Tel No: _____

LANDLORD DETAILS (or where appropriate their agent)

Name: _____

Address: _____

Postcode: _____

Tel No: _____

REGISTERED BUSINESS DETAILS

Reg No: 302688

Company: MW HEATING

Address: 20 BIRKDALE CLOSE
MILKES, SIMONSON

Postcode: SA3 5EJ

Tel No: 0772053713

APPLIANCE DETAILS

No. of Appliances Listed Below: 1

	Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
1	<u>Utility</u>	<u>Combi</u>	<u>Worsler</u>	<u>38 CD</u>	<u>RS</u>	<u>Yes</u>	<u>Yes</u>
2							
3							
4							

	INSPECTION / SAFETY CHECKS			CHIMNEY CHECKS		COMBUSTION READING(S)		SUMMARY	
	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)	Initial (If Applicable)	Final (If Applicable)	Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
1	<u>Yes</u>	<u>32mb/kW</u>	<u>Yes</u>	<u>Yes</u>	<u>NA</u>	<u>0.008</u>	<u>0.008</u>	<u>Yes</u>	<u>Yes</u>
2									
3									
4									

AUDIBLE CO DETECTOR		
Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

APPLIANCE DEFECT(S) IDENTIFIED	REMEDIAL ACTION TAKEN

INSTALLATION GENERAL (Yes/No/NA)

Emergency Control Valve Satisfactory: Yes Gas Installation Pipework Satisfactory (Visual): Yes

Meter / Cylinder Installation Satisfactory (Visual): Yes Gas Installation Correct Materials Used (Visual): Yes

Main Protective Bonding Satisfactory (Visual): Yes Gas Tightness Test Satisfactory: Yes

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

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

NEXT SAFETY CHECK DUE BEFORE

5/12/25

Issued by: MW Heating Signed: _____

Print Name: _____ Issue Date: 5/12/24

Licence No: 5620704

Received by: P. H. JERRYSHIRE Signed: _____

Print Name: _____

Tenant / Home Owner / Landlord / Other (please state) _____

No one present at the time of visit

WARNING NOTICE SERIAL NO(S)

Copyright © CORGI Direct May 2021. The format and layout of this document may not be reproduced in any manner without prior written consent.

Gas Safe Register is a registered trade mark of the HSE and is used under licence.