Serial No. A001490

## LANDLORD/HOME OWNER 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 Registered Installer or that the installation complies with any relevant Building Regulations.

10 C	Tracs were inspected visually and checked for satisfactory evacuation of products of compusitors. A detailed line has not been carried out.														(4, 60, 60, 20)	
Registered Business Details CORGI REG NO 2 17686  Gas operative RAVI MECCHANI (Print name)  CORGI ID card serial No. CAS SAFE 2397362						Job Address  Name (Mr/Mrs/Miss/Ms)  Address _39 KATCHBUL ROAD					Landlord (or where appropriate their agent)  Name (Mr/Mrs/Miss/Ms) Prime Spaces  Address 275 Pentonice Rb					
Company MR PAVI MEGHANI						C40.050.151						LONDON				
Address O PAMELA GARDEMS						CAMRERWELL										
EAST COTE - PINNER - MIDDLESEX						<u> </u>										
Postcode 445 200 Tel No. 07956 894475						Postcode SE5 9QR Tel No. Postcode						N1 9NL Tel No. 07974 72925				
APPLIANCE DETAILS							INSPECTION DETAILS								Ä	
	Location	Appliance type	Make	Model	Flue type OF/RS/FL		Appliance inspected Yes/No	Combustion analyser reading (if applicable)	Operating pressure in mbars, heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/N	satisfactory Yes/No	Visual condition of flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA		Appliance safe to use Yes/No	
1	KITCHEN	ROILER	WORCESTER	HIGHFLOW 400 ELECTRON	ic RS	YES	YES	1 annual	29.10 KW	YES	YES	YES	MA	No	YES	
2	KITCHEM	CONVER	DELONGHI	6-5560.	FL	YES	YES		20m BAR	YES	1/	NA	MA	No	YES	
3	ATTO CONT	CD 51- D1-		250110	idd abbit	100	13.		20111849	100	1-3	141	on the state		160	
4	25	ensider in a	silaas na Isaz	eesto irlais hna	asen die			- 3.	** I		1 2 22	2000000000	110 × 11 (2012) 33	#180 MUA 1	8	
5				and the second	A.0350.	en									9	
5	DEFECT(S) IDENTIFIED				DEMEDIAL ACTION TAVEN						Warning/Advice Notice issued					
	nd terminal guard fitted as appropriate					REMEDIAL ACTION TAKEN							Yes*/No (if yes insert serial No.)		NEXT	
1	wouldniffs of name plend formitte of the					ensition to the second of the							SAFETY CHECK DUE			
2						to or rest ubin rate of must										
3	2		Ten Ten Time A Mar		ė.								WITHIN			
4						жылу орсында							12 MONTH			
5		Sturbed gas conceques for by an easiliance look detection.											12 MONTHS			
Ga	s installation n	ninework satisf	actory visual ins	paction Vas /No	VE		7. V V.	S 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		0 (7.5%	0 A0 C7 A	00 10 C 1			0 2 4 6	
		rol accessible '		pecuon res/No		Ihi	s Safety re	ecord is issued	d by; Signed	KI	neghan	Print na	me <u>PAV</u>	1 ME	CoffArer	
					YE	Red	ceived by:	Signed 📐	4youx	mix	20	Tenant/	Landlord/Age	ent/Home	Owner	
		ightness test Y			YE			1-1-10				Numbe	r of applianc	es tested	2	

Equipotential bonding satisfactory Yes/No