

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



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

**Details of Registered Business**

Gas Safe Register No 214215

Registered Engineer's Name IAN SAGE

Gas Safe Register Licence Number \_\_\_\_\_

Business ALL LONDON HEATING

Address 20 STERNE ST  
LONDON -

Postcode W12 8AJ

Contact No 07798-715988

**Details of Site**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address GREENWAYS  
SOUTH HILL AV  
HARLOW

Postcode HA1 3NU

Contact No \_\_\_\_\_

**Details of Customer/Landlord** (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact No \_\_\_\_\_

Number of Appliances tested FOUR

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 Equipotential bonding satisfactory? Pass / Fail

**Appliance Details**

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	BOILER RM	Boiler	IDEAL	EJOMAX	YES	YES	PS
2	BOILER RM	Boiler	IDEAL	EJOMAX	YES	YES	PS
3	BOILER RM	Boiler	IDEAL	EJOMAX	YES	YES	PS
4	KITCHEN	HOB	IDEAL	4 RING	YES	YES	FL

**Inspection Details**

	Operating pressure in mbar and/or heat input kW/h 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)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1	100 kw	PASS	YES	PASS	PASS	0.0003	NO	NO	NA	YES
2	100 kw	PASS	YES	PASS	PASS	0.0002	NO	NO	NA	YES
3	100 kw	PASS	YES	PASS	PASS	0.0003	NO	NO	NA	YES
4	9 kw	PASS	YES	NA	NA	---	NO	NO	NA	YES

**Defect(s) Identified**

	GIUSP classification eg. NCS, AR, ID	Warning/Advisory Record insert form serial No*
1		
2		
3		
4		

**Remedial Action Taken** numbering should correspond to defects above.

1
2
3
4

**Details of Work carried out**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Record issued by: Signature [Signature]

Print Name IAN SAGE

Received by: Signature [Signature]

Date appliance(s)/flue(s) checked 21-01-2015

**ATTENTION**

Next safety check due by: 21/1/16