

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.

REGISTERED BUSINESS DETAILS		Reg No:
Gas Engineer:	CHRIS DAVIS	
Gas Safe registered engineer No:	572130	
Company:		
Address:	39 CEDAR WALK OFFENHAM	
Postcode:	W11 8SZ	Tel: 0771391667

INSPECTION/INSTALLATION ADDRESS	
Name & Title:	FLAT 1
Address:	70 HIGH ST. BIDFORD
Postcode:	BS0 4AB
Rented:	Yes: ☒ No: ☐
Tel:	

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Name & Title:	STEVE PROPERTY MANAGEMENT
Address:	86-88 HIGH ST BIDFORD
Postcode:	
Tel:	

DESCRIPTION OF WORK CARRIED OUT

CARRY OUT GAS SAFETY INSPECTION / SERVICE

APPLIANCE DETAILS					FLUE TESTS				INSPECTION DETAILS							
Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance serviced Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	CURBED	JOESSMAN VITORS 1000 COMB	RS	25kW	YES	NA	NA		8.1% 8.9%	YES	PASS	YES	YES	YES	YES	YES
2																
3									1000%							
4	VITORS	HOB	O/F	21mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	NO	YES
5																

Gas Installation Pipework:	Satisfactory Visual Inspection:	Yes ☒ No ☐	Emergency Control Accessible:	Yes ☒ No ☐	Satisfactory Gas Tightness Test:	Yes ☒ No ☐	Equipotential Bonding Satisfactory:	Yes ☒ No ☐
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GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1 Carbon monoxide meter required on landing																
2																
3																
4																
5																

Audible CO Alarms:	Approved CO Alarms Fitted:	Yes ☐ No ☒ N/A ☐	Are CO Alarms in Date:	Yes ☐ No ☐ N/A ☒	Testing of CO Alarms Satisfactory:	Yes ☐ No ☐ N/A ☒	Smoke Alarms Fitted:	Yes ☒ No ☐ N/A ☐
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Number of appliances tested: 02

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by:

Signed:

Print Name:

Tenant/Agent/Landlord/Home Owner (delete as applicable)

Date:

Date:

Received on behalf of the Landlord/Home Owner:

Signed:

Print Name:

Tenant/Agent/Landlord/Home Owner (delete as applicable)

Date:

Date:

Copies: White - Landlord Green - Engineer Pink - Customer/Tenant (if rented)

BF461809

* IF YES, PLEASE REFER TO SEPARATE

Form Ref. REGP46