

Serial No

WA 875646

# 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  
REGISTER

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

## Details of Registered Business

Gas Safe Register No 29907  
 Registered Engineer's Name W Brooks  
 Gas Safe Register Licence Number 4788459  
 Business D. PRICE PLUMBING + HEATING  
 Address CILMERI, ABERCROMBIAID  
MERTHYR TYDFIL  
 Postcode CF48 1NS  
 Contact No 07786106272

## Details of Site

Name (Mr/Mrs/Miss/Ms) D. WATKINS  
 Address 276 WHITCHURCH RD.  
CARDIFF  
 Postcode CF14 3NE  
 Contact No \_\_\_\_\_

## Details of Landlord/Homeowner (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) D. WATKINS  
 Address 9 CURLEW CLOSE  
NOTTALIE  
 Postcode CF36 3QB  
 Contact No 07977 906186

Number of Appliances tested: 3

## Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord /Homeowner Yes/No	Inspected Yes/No	Type of flue
1	KITCHEN	COMBI	INDUCESTER	28CD1	Y	Y	RSF
2	KITCHEN	HOB	DIPLOMAT	ADP1130	Y	Y	-
3	KITCHEN	HOB	DIPLOMAT	ADP1130	Y	Y	-
4							

## 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)	Serviced Yes/No	SAFE TO USE Yes/No
1	20.7	P	Y	P	P	0.0005	Y	Y
2	20.5	P	Y	-	-	-	Y	Y
3	20.4	P	Y	-	-	-	Y	Y
4								

## Any Defects Identified

	GIUSP classification eg. NCS, AR, ID	Warning/Advice 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


\* Refer to separate Warning/Advice Notice

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

Record issued by: Signature W Brooks  
 Print Name W Brooks  
 Received by: Signature [Signature] Tenant/Landlord/Homeowner/Agent  
 Date appliance(s)/flue(s) checked 9-2-21

## ATTENTION

Next safety check due by:

9-2-22