

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 the 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 or by calling 0800 408 5500

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,
 _____ Abercanaid, Merthyr Tydfil.
 Postcode _____ CF48 1YS
 Contact No _____ 07786106272

Details of Site

Name (Mr/Mrs/Miss/Ms): D. WATKINS
 Address: 62 COSMESTON
CATHAYS
CARDIFF
 Post Code: CF24 4R
 Contact Number: _____

Details of Landlord / Homeowner

Name (Mr/Mrs/Miss/Ms): D WATKINS
 Address: 6 WIDGIEON CLOSE
HOTTAGE
PORTRHAWL
 Post Code: CF36 3QE
 Contact Number: 07977906186

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	WORCESTER	28001	✓	✓	BSF
2	"	HOB	WHIRLPOOL	4B	"	✓	-
3	"	HOB	WHIRLPOOL	4B	"	✓	-
4							

INSPECTION DETAILS

	Operating Pressure in mbar and / or heat input kW/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	20.2	P	✓	P	P	0.0003	✓	YES
2	19.4	P	✓	-	-	-	✓	YES
3	19.5	P	✓	-	-	-	✓	YES
4								

DEFECT(S) IDENTIFIED

1								
2								
3								
4								

REMEDIAL ACTION TAKEN Numbers should correspond to numbers above

1								
2								
3								
4								

DETAILS OF WORK CARRIED OUT

*Refer to separate Warning / Advice Notice

Tick appropriate box

	Pass	Fail	N/A
Outcome of gas installation pipework visual inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome of gas supply pipework visual inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Control Valve access satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure drop of gas tightness test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Equipotential bonding satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record issued by: Signature W BrooksPrint Name: W Brooks

Received by: Signature _____ Tenant / Landlord / Homeowner / Agent

Date of Appliance(s) / Flue(s) Checked: 9-2-21

ATTENTION

Next Safety Check
Due by:9-2-22