

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title

Address:

[illegible]

Postcode:

Number

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

2

RECTIFICATION WORK CARRIED OUT

<p>WARNING NOTICE ISSUED MAY 1984</p>	<p>WARNING TO LABEL FOR MAY 1984</p>
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No

ISSUED BY (GAS ENGINEER)

FILE

100

No one present
at time of visit

Form Ref. RE