

**Details of Registered Business**

Gas Safe Register No 519611  
 Registered Engineer's Name Alhame  
 Gas Safe Register Licence Number ATP Mungim & Srik  
 Business Alhame Gas Services  
 Address TJ 6047  
 Postcode TJ 6047  
 Contact No \_\_\_\_\_

**Details of Site**

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address 23 Kymac St  
 Postcode TJ 26 9BA  
 Contact No \_\_\_\_\_

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

Name (Mr/Mrs/Miss/Ms) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Contact No \_\_\_\_\_

**Number of Appliances tested**

Outcome of gas installation pipework visual inspection?  
 Outcome of gas supply pipework visual inspection?  
 Is the Emergency Control Valve access satisfactory?  
 Outcome of gas tightness test?  
 Is the Protective Equipotential bonding satisfactory?

select as appropriate and relevant

Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA

**Appliance Details**

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	<u>Kitchen</u>	<u>boiler</u>	<u>ELGI</u>	<u>LOGIC</u>	<u>Yes</u>	<u>Yes</u>	<u>Fl</u>
2	<u>Attic</u>						
3							
4							

**Inspection Details**

	Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	CO Alarm fitted	CO Alarm tested (if fitted)	SAFE TO USE
1	<u>30</u>	<u>Pass/Fail/NA</u>	<u>Yes/No</u>	<u>Pass/Fail/NA</u>	<u>Pass/Fail/NA</u>	<u>0.00</u>	<u>Yes/No</u>	<u>Yes/No</u>	<u>Pass/Fail/NA</u>	<u>Yes/No</u>
2										
3										
4										

**Safety Related Defect(s) Identified**

	GIUSP classification eg. 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**

\_\_\_\_\_

\* Refer to separate Warning/Advisory Record

**ATTENTION**

Next safety check due by:

10/2/21

Record issued by: Signature Alhame

Print Name Alhame

Received by: Signature Alhame

Date appliance(s)/flue(s) checked 10/2/20

Tenant/Landlord/Homeowner/Agent