Regin

# LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 20535

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and check 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: 660035
Company: Pure
Address: 25 SWAN ROAD
WASHINGTON
Postcode: NE38 8JJ
Tel: 0191 7165760

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: MR [illegible]
Address: 2 Cohedale ROAD
Postcode: TS3 7NR Tel:

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

Name & Title:
Address: HARPER HOMES
Postcode: Tel:
Number of appliances tested: 2

| | 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 Yes/No/NA | Inspected Yes/No | Appliance Visual Check Yes/No | Appliance serviced Yes/No | Appliance Safe to Use Yes |
| 1 | Bedroom | BAXI 105HE | COMBI | RS | 19MB | YES | — | — | 0020 | 0028 | YES | PASS | YES | YES | YES | YES | NO | YE |
| 2 | KITCHEN | DIPLOMAT | NOB | FL | 16MB | YES | — | — | — | — | — | — | YES | YE | YES | YES | NO | YE |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |

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

**Gas Installation Pipework:** Satisfactory Visual Inspection: Yes ✓ No ___ Emergency Control Accessible: Yes ✓ No ___ Satisfactory Gas Tightness Test: Yes ✓ No ___ Equipotential Bonding Satisfactory: Yes ✓ No

| | GIVE DETAILS OF ANY FAULTS | RECTIFICATION WORK CARRIED OUT | WARNING NOTICE ISSUED Yes/No/NA * | WARNING LABEL F Yes/No |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
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**Audible CO Alarms:** Approved CO Alarms Fitted Correctly: 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

**OTHER COMMENTS OR OBSERVATIONS**

**NEXT GAS SAFETY CHECK DUE BEFORE:** / /

**ISSUED BY (GAS ENGINEER)**

Print Name: [illegible] Signed: [illegible]
Licence No: 660035 Issue Date: [illegible]

**RECEIVED BY**

Received By: _____ Delete as applicable: Tenant/Agent/Landlord/Home Owner No one present at time of visit
Signed: _____ Print Name: _____

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented) RE452010 * IF YES, PLEASE REFER TO SEPARATE Form Re