

**BUSINESS
LOGO
HERE**

Business Name
1 Gas Lane, Gasville, GA5 5SS
Tel: 00000 000 000 | Fax: 00000 000 000
Email: xxxxx@xxxxxxxx.co.uk

LANDLORD / HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has **NOT** been carried out.

No. 0000



REGISTERED BUSINESS DETAILS	
GAS ENGINEER:	
GAS SAFE ENGINEER NO.:	
COMPANY:	
ADDRESS:	
POSTCODE:	
TEL:	

INSPECTION / INSTALLATION ADDRESS	
NAME:	
ADDRESS:	
POSTCODE:	
TEL:	
<i>I CERTIFY THAT I CARRIED OUT INSPECTIONS ON THE APPLIANCES DETAILED BELOW:</i>	
SIGN:	INSPECTION DATE:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
NAME:	
ADDRESS:	
POSTCODE:	
TEL:	

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS																							
APPLIANCE LOCATION	APPLIANCE MAKE & MODEL	APPLIANCE TYPE	FLUE TYPE OF / RS / FL	OPERATING PRESSURE IN RISER AND/OR HEAT INPUT KW/BTUH	ARE SAFETY DEVICES WORKING			SPILLAGE TEST PASS - FAIL - N/A			SMOKE PELLET TEST PASS - FAIL - N/A			INITIAL COMBUSTION ANALYSER READING	FINAL COMBUSTION ANALYSER READING	SATISFACTORY TERMINATION			FLUE VISUAL CONDITION PASS - FAIL - N/A			ADEQUATE VENTILATION		LANDLORD'S APPLIANCE		INSPECTED		APPLIANCE SERVICED		APPLIANCE SAFE TO USE	
					Y	N	N/A	P	F	N/A	P	F	N/A			Y	N	N/A	P	F	N/A	Y	N	Y	N	Y	N	Y	N	Y	N
1					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

GAS INSTALLATION PIPEWORK ✓	SATISFACTORY VISUAL INSPECTION: YES <input type="checkbox"/> NO <input type="checkbox"/>	EMERGENCY CONTROL ACCESSIBLE: YES <input type="checkbox"/> NO <input type="checkbox"/>	SATISFACTORY GAS TIGHTNESS TEST: YES <input type="checkbox"/> NO <input type="checkbox"/>	EQUIPOTENTIAL BONDING SATISFACTORY: YES <input type="checkbox"/> NO <input type="checkbox"/>
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GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED ✓			WARNING TAG OR STICKER FIXED ✓		
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AUDIBLE CO ALARM ✓	APPROVED CO ALARM FITTED: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	IS CO ALARM IN DATE: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>	TESTING OF CO ALARM SATISFACTORY: YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
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NO. OF APPLIANCES TESTED: **NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN MONTHS**

THIS RECORD IS ISSUED BY:	SIGNED:	PRINT NAME:	DATE:
RECEIVED ON BEHALF OF THE LANDLORD / HOME OWNER:	SIGNED:	TENANT <input type="checkbox"/> AGENT <input type="checkbox"/> LANDLORD <input type="checkbox"/> HOME OWNER <input type="checkbox"/>	DATE:

WHITE COPY: LANDLORD / AGENT / HOME OWNER | YELLOW COPY: ENGINEER | PINK COPY: TENANT (if rented)