

**BUSINESS  
LOGO  
HERE**

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



Details Of Registered Business		Job Address	Landlord/Agent Address
Business Name:		Name:	Name:
Gas Safe No:		Address:	Address:
Engineer Name:	Gas Safe ID Card No:		
Address			
		Tel No:	Tel. No:
Tel. No:		Is Accommodation Rented? YES <input type="checkbox"/> NO <input type="checkbox"/>	No. Of Appliances Tested:

<b>Gas Installation Pipework</b>	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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Appliance Details							
	Appliance Location	Appliance Make	Appliance Model	Appliance Type	Type of Flue (OF/RS/FL)	Landlords Appliance? (Y/N)	Appliance Inspected? (Y/N)
1							
2							
3							
4							
5							

Inspection Details									CO Alarm		
	Operating Pressure in mbar and/or Heat Input kW/Btu/h	Are Safety Devices Working? (Y/N)	Satisfactory Ventilation? (Y/N)	Flue Visual Condition (Pass/Fail/NA)	Flue Performance Checks (Pass/Fail/NA)	Combustion Analyser Reading		Appliance Serviced? (Y/N)	Appliance Safe To Use? (Y/N)	Approved CO alarm fitted?	Does the CO alarm work?
						CO: CO2 Ratio	CO PPM				
1											
2											
3											
4											
5											

Defect(s) Identified	Warning Advice Issued (Y/N)	Remedial Work Undertaken	Details Of Work Carried Out
1			
2			
3			
4			
5			

Received By:	Issued by:	ID Card No:	The Next Gas Safety Check Must Be Completed By:
Print Name:	Signature:	Date:	