

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.

REGISTERED BUSINESS DETAILS

Reg No: 486700
 Company: PR Gas
 Address: 11 Wincal Centre
 Postcode: M71 1JW
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Flat 1 19 Skating Rink
 Postcode: _____
 Tel: _____

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

Name & Title: MechMaster
 Address: _____
 Postcode: _____
 Tel: 220
 Number of appliances tested: _____

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type CF/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
1 <u>Living Room</u>	<u>White herring</u>	<u>CF</u>	<u>R2</u>	<u>22.2</u>	<u>Y</u>	<u>—</u>	<u>—</u>	<u>was</u>	<u>was</u>
2 <u>Bedroom</u>	<u>GW Belcon</u>	<u>CF</u>	<u>R2</u>	<u>24kw</u>	<u>Y</u>	<u>—</u>	<u>—</u>	<u>—</u>	<u>—</u>
3									
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FLUE TESTS

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/No
<u>Y</u>	<u>Pass</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
<u>Y</u>	<u>Pass</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>

INSPECTION DETAILS

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/No
<u>Y</u>	<u>Pass</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
<u>Y</u>	<u>Pass</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>

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 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

Appliance CO Alarms:	Approved CO Alarms Fitted:	Are CO Alarms in Date:	Testing of CO Alarms Satisfactory:	Smoke Alarms Fitted:	WARNING * NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
29/11/22

Print Name: Alan Roberts
 Licence No: 5302879

ISSUED BY (GAS ENGINEER)

Signed: [Signature]
 Issue Date: 29/11/21

RECEIVED BY

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

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REGISTERED BUSINESS DETAILS

Reg No: 698700
 Company: PKR Gas
 Address: 11 Winton Business Centre
 Postcode: CA4 1JW
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Flat 8 14 Staley Rd
 Postcode: _____
 Tel: _____

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

Name & Title: Mac Mosh
 Address: _____
 Postcode: _____
 Tel: _____
 Number of appliances tested: ONE

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in burner or Burner (kWh 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
<u>Dinning</u>	<u>GW Beta Com</u>	<u>CWS RS</u>	<u>RS</u>	<u>29</u>	<u>Y</u>	<u>—</u>	<u>—</u>	<u>0002009</u>	<u>0002009</u>
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FLUE TESTS

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/No
<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>

INSPECTION DETAILS

Satisfactory Gas Tightness test: Yes / No	Emergency Control Accessible: Yes / No	Equipment Bonding Satisfactory: Yes / No	WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA
<u>Y</u>	<u>Y</u>	<u>Y</u>		

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
 Equipment Bonding Satisfactory: Yes / No

GIVE DETAILS OF ANY FAULTS

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RECTIFICATION WORK CARRIED OUT

Audible CO Alarms: Approved CO Alarms Fitted: Yes / No
 Are CO Alarms in Date: Yes / No
 Smoke Alarms Fitted: Yes / No
 N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

13/11/22

ISSUED BY (GAS ENGINEER)

Print Name: Alan Robinson Signed: _____
 Licence No: 5102879 Issue Date: 13/11/21

RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner _____
 No one present at time of visit
 Signed: _____
 Print Name: _____

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REGISTERED BUSINESS DETAILS

Reg No: 678700
 Company: FK GAS
 Address: 11 WINDA GAS
 Postcode: CM4 1JW
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Flat 4. 14 Skeby
Co.
 Postcode: _____
 Tel: _____

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

Name & Title: Mr. Mesker
 Address: _____
 Postcode: _____
 Tel: _____

Number of appliances tested: one

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in inlet or heat input kW/h or other	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 Kitchen	Performa 2 Tec.HC	curb	RS	24	Yes.	—	—	0004	0005
2									
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FLUE TESTS

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

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipment Bonding Satisfactory: Yes No Appliance Safe to Use: Yes No Appliance serviced Yes/No: Yes No Appliance Visual Check Yes/No: Yes No Landlord's appliance Yes/No/NA: Yes No Adequate ventilation Yes/No: Yes No Flue visual condition Pass/Fail/NA: Pass Fail NA Satisfactory termination Yes/No/NA: Yes No NA Warning Tag or Sticker Fixed Yes/No/NA: Yes No NA

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

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Audible CO Alarms: Approved CO Alarms Fitted: 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/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
24/11/22

ISSUED BY (GAS ENGINEER)

Print Name: Alex Regin Signed: _____
 Licence No: 5302879 Issue Date: 20/11/21

RECEIVED BY

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

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.

REGISTERED BUSINESS DETAILS

Reg No: 648780
 Company: FR 9AL
 Address: 11 WIRRAL BUSINESS CENTRE
 Postcode: CH4 1JW
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: PIARY
 Address: FLAT 3
14 SLATEY ROAD
OSTON
 Postcode: _____
 Tel:

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

Name & Title: MACMAJER
 Address: _____
 Postcode: _____
 Tel:

Number of appliances tested: ONE

APPLIANCE DETAILS

Location	Make and Model	Type	FLUE TESTS			INSPECTION DETAILS									
			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
1 <u>LIVING ROOM</u>	<u>BOTTLETON PERFORMA</u>	<u>RMS RS</u>	<u>10ms</u>	<u>YES</u>	<u>N/A</u>	<u>N/A</u>	<u>0.006</u>	<u>0.001</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2															
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 Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipment Bonding Satisfactory: Yes No

WARNING TAG or NOTICE ISSUED Yes/No/NA

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT		WARNING TAG or NOTICE ISSUED Yes/No/NA	* WARNING STICKER FIXED Yes/No/NA
1			
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Audible CO Alarms: Approved CO Alarms Fitted: 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/A

WARNING TAG or NOTICE ISSUED Yes/No/NA

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
11 12 123

ISSUED BY (GAS ENGINEER)

Print Name: R. Newman Signed: R. Newman
 Licence No: 49200 Issue Date: 11/2/22
RECEIVED BY
 (Delete as applicable)
 Received By: Carol Newman Tenant/Agent/Landlord/Home Owner
 Signed: _____ Print Name: _____
 No one present at time of visit

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.

REGISTERED BUSINESS DETAILS		INSPECTION/INSTALLATION ADDRESS		LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Reg No:	648700	Name & Title:	WILLIAMS	Name & Title:	M-MASTER PROPERTIES
Company:	FR GAS	Address:	FLAT 4	Address:	
Address:	11 WIRRAL BUSINESS CENTRE		16 SKATEY ROAD		
Postcode:	CH41 1JW		B'HEAD	Postcode:	
Tel:		Postcode:		Tel:	TWO

	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	Spillage test	Smoke pellet flue flow test	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination	Flue visual condition	Adequate ventilation	Landlord's appliance	Inspected	Appliance Visual Check	Appliance serviced	Appliance Safe to Use
1	KITCHEN	ALPHA HE	CHB	RS	12mbar	Yes	0000S	0.000S	0.000S	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	KITCHEN	UNKNOWN	MOS	FL	20mbar	Yes	N/A	N/A	N/A	N/A	N/A	Yes	Yes	Yes	Yes	Yes	Yes	Yes
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

Equipment Bonding Satisfactory: Yes No

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

Approved CO Alarms Fitted: Yes No N/A

Are CO Alarms in Date: Yes No N/A

WARNING * NOTICE ISSUED Yes/No/NA

WARNING TAG or STICKER FIXED Yes/No/NA

GIVE DETAILS OF ANY FAULTS

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RECTIFICATION WORK CARRIED OUT

OTHER COMMENTS OR OBSERVATIONS

ISSUED BY (GAS ENGINEER)

Print Name: R. NOLAN Signed: R. NOLAN

Licence No: 6870 Issue Date: 11/2/22

RECEIVED BY

Received By: A. D... (Delete as applicable) Tenant/Agent/Landlord/Home Owner

Signed: A. D... Print Name: A. D...

No one present at time of visit

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REGISTERED BUSINESS DETAILS

Reg No: 648700
 Company: FR GAS
 Address: 11 WIGGAL BUSINESS CENTRE
 Postcode: M41 1JU
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: FLATS
 Address: 16 SLATEY ROAD
 OXTON.
 Postcode:
 Tel:

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

Name & Title: MARYAIZERS
 Address:
 Postcode:
 Tel:

Number of appliances tested: ONE

APPLIANCE DETAILS

Location	Make and Model	Type
1 LAMONS	GIORDAN BEACON 30	CHS
2		
3		
4		
5		

FLUE TESTS

Operating pressure in boiler or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
29KW	YES	N/A	N/A	0.0050-0.001	

INSPECTION DETAILS

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/No
YES	PASS	YES	YES	YES	YES	YES	YES

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

WARNING TAG or NOTICE ISSUED Yes/No/NA

GIVE DETAILS OF ANY FAULTS

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RECTIFICATION WORK CARRIED OUT

Audible CO Alarms: Approved CO Alarms Fitted: 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/A

WARNING TAG or NOTICE ISSUED Yes/No/NA

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

1 / 1

ISSUED BY (GAS ENGINEER)

Print Name: R. Khan
 Licence No: 41200
 Signed: R. Khan
 Issue Date: 11/2/22

RECEIVED BY

(Delete as applicable)
 Received By: S. L. [Signature]
 Signed: S. L. [Signature]
 No one present at time of visit

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.

REGISTERED BUSINESS DETAILS

Reg No: 9708100
 Company: PR Gas
 Address: 11 Warrat Business Centre
 Postcode: CM4 10TW
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: Stak 3 Ho
 Address: Stak 3 Rd
 Postcode: _____
 Tel: _____

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

Name & Title: MecMarken
 Address: _____
 Postcode: _____
 Tel: _____

Number of appliances tested: one

	APPLIANCE DETAILS			FLUE TESTS			INSPECTION DETAILS											
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in kW/h or Btu/h	Safety device(s) 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/No
1	Hs 11	GW Bekcom 24 cns		RS	24 y	y	1	0003	0001	y	Pass	y	y	y	y	y	y	y
2																		
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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	
	1	2	3	4
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Audible CO Alarms: Approved CO Alarms Fitted: 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/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 17 7 22

ISSUED BY (GAS ENGINEER)
 Print Name: A Roberts Signed: _____
 Licence No: S/02879 Issue Date: 17 7 21

RECEIVED BY
 (Delete as applicable)
 Received By: _____ Tenant/Agent/Landlord/Home Owner
 Signed: _____ Print Name: _____

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.

REGISTERED BUSINESS DETAILS

Reg No: 9861919
 Company: FR GAS
 Address: 11 Wirral Business Centre
 Postcode: CH41 1SW
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Flat 29 16 Skelton
 Postcode: _____
 Tel: _____

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

Name & Title: MacMaster
 Address: _____
 Postcode: _____
 Tel: _____

Number of appliances tested: ONE

APPLIANCE DETAILS

Location	Make and Model	Type
1 Kitchen	VaKera Riello	ens
2		
3		
4		
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FLUE TESTS

Spillage test	Smoke pellet flow test	Initial combustion analyser reading	Final combustion analyser reading
Pass/Fail/NA	Pass/Fail/NA	_____	0003000700

INSPECTION DETAILS

Satisfactory termination	Flue visual condition	Adequate ventilation	Landlord's appliance	Inspected	Appliance serviced	Appliance Safe to Use
Yes/No/NA	Pass/Fail/NA	Yes/No	Yes/No/NA	Yes/No	Yes/No	Yes/No
Yes	Pass	Yes	Yes	Yes	Yes	Yes

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

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RECTIFICATION WORK CARRIED OUT

Audible CO Alarms: Approved CO Alarms Fitted: 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/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
15th 12

ISSUED BY (GAS ENGINEER)

Print Name: A Robinson Signed: _____
 Licence No: 698700 Issue Date: 15 6 21

RECEIVED BY

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