

NIC- 16 Slatey Rd
Flats 01-09-21



Electrical Installation Condition Report

for Domestic and Similar Premises up to 100 A
Requirements for Electrical Installations
BS 7671:2018 (IET Wiring Regulations 18th Edition)

NA/ 2 1 0 8 8 0 0 0 0 1 3 0 7

EICR

Page 2 of 6

A Details of the Installation

Client	Macmaster Properties	Installation	Flat 1 16 Slatey Road
Address	Macmaster Properties 80 Balls Road Prenton Wirral Merseyside	Address	Flat 1 16 Slatey Road Wirral Merseyside
Postcode	CH431US	Postcode	CH43 4UE

B Reason for producing this report *This form is to be used only for reporting on the condition of an existing installation.*

Periodic inspection and test

Date(s) on which the inspection and testing were carried out 01/09/2021 to 01/09/2021

C Details of installation which is the subject of this report

Description of premises Domestic Commercial Industrial Other (please specify)

Estimated age of the wiring system 30 years

Evidence of alterations or addition Yes No Not apparent if 'Yes', estimated years

Records of installation available Yes No Records held by

Date of last inspection Not Known Electrical Installation Certificate No. or previous Inspection Report No.

D Extent of electrical installation covered by this report:

80% Tests Where Possible
40% Visual

Agreed Limitations and Operational Limitations (Regulations 653.2)
No Floorboards Lifted
Loft Not Inspected

Operational limitations including the reasons see page no 1 Agreed with: Client

The inspection and testing detailed within this report and accompanying schedule has been carried out in accordance with BS 7671: 2018 amended to 2018

It should be noted that cables concealed within trunkings and conduits, under floors, in roof spaces and generally within the fabric of the building or underground have not been inspected unless specifically agreed between the client and inspector prior to the inspection. An inspection should be made within an accessible roof space housing other electrical equipment.

E Summary of the condition of the installation

General conditions of the installation (in terms of safety)
OK, Satisfactory

Overall assessment of the installation in terms of its suitability for continued use **SATISFACTORY** ***UNSATISFACTORY**

*An UNSATISFACTORY assessment indicates that dangerous (code C1), or potentially dangerous (code C2), Further investigation (code FI) conditions have been identified

F Recommendations

Where the overall assessment of the suitability of the installation for continued use above is stated as UNSATISFACTORY I/we recommend that any observations classified as 'Danger present' (code C1) or 'Potential dangerous' (code C2) are acted upon as a matter of urgency. Investigation without delay is recommended for observations identified as 'Further investigation required' (code FI). Observations classified as 'Improvement recommended' (code C3) should be given due consideration. Subject to the necessary remedial action being taken, I/we recommend that the installation is further inspected and tested by 01/08/2026 (date)

G Declaration

I/we being the person(s) responsible for the inspection and the testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above, having exercised reasonable skill and care when carrying out the inspection and testing hereby declare that the information in this report, including the observations and the attached schedules, provides an accurate assessment of the condition of the electrical installation taking into account the stated extent and limitations in section D of this report.

Company	A.R. Electrical	Inspected and tested by	Authorised for issue by
Membership No.	21088	Name:	Aaron Rogan
Address	50 Edgehill Road, WIRRAL, Merseyside	Signature:	Aaron Rogan
Postcode	CH46 6AW	Position:	
		Date:	01/09/2021

H Schedule(s)

1 schedule(s) of inspection and 1 schedule(s) of test results are attached.

The attached schedule(s) are part of this document and this report is valid only when they are attached to it.

F2 16 Slatey
1-9-21



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BS 7671:2018 (IET Wiring Regulations 18th Edition)

NA/ 2 1 0 8 8 0 0 0 0 1 3 0 2
EICR
Page 2 of 6

A Details of the Installation

Client	Macmaster Properties	Installation	Flat 2 16 Slatey Road
Address	Macmaster Properties 80 Balls Road Preston Wirral Merseyside	Address	Flat 2 16 Slatey Road Wirral Merseyside
Postcode	CH431US	Postcode	CH43 4UE

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Periodic inspection and test
Date(s) on which the inspection and testing were carried out 01/09/2021 to 01/09/2021

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80% Tests Where Possible	Agreed Limitations and Operational Limitations (Regulations 653.2)
40% Visual	
	No Floorboards Lifted
	Loft Not Inspected

Operational limitations including the reasons see page no. 1 Agreed with Client

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Membership No.	21088	Name:	Aaron Rogan
Address	50 Edgehill Road, WIRRAL, Merseyside	Signature:	Aaron Rogan
Postcode	CH46 6AW	Position:	
		Date:	01/09/2021

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1 schedule(s) of inspection and 1 schedule(s) of test results are attached.
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BS 7671:2018 (IET Wiring Regulations 18th Edition)

NA/ 2 1 0 8 8 0 0 0 0 1 3 0 4
EICR Page 2 of 6

A Details of the Installation

Client	Macmaster Properties	Installation	Flat 3 16 Slatey Road
Address	Macmaster Properties 80 Balls Road Prenton Wirral Merseyside	Address	Flat 3 16 Slatey Road Wirral Merseyside
Postcode	CH431US	Postcode	CH43 4UE

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 Evidence of alterations or addition Yes No Not apparent if 'Yes', estimated _____ years
 Records of installation available Yes No Records held by _____
 Date of last inspection Not Known Electrical Installation Certificate No. or previous Inspection Report No. _____

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40% Visual

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Loft Not Inspected

Operational limitations including the reasons see page no 1

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Membership No.	21088	Name: Aaron Rogan	Aaron Rogan
Address	50 Edgehill Road, WIRRAL, Merseyside	Signature: Aaron Rogan	Aaron Rogan
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		Date: 01/09/2021	01/09/2021

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NAI 2 1 0 8 8 0 0 0 0 1 3 0 6

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Company A.R. Electrical

Membership No. 21088

Address 50 Edgehill Road, WIRRAL, Merseyside

Postcode CH46 6AW

Inspected and tested by

Name: Aaron Rogan

Signature: Aaron Rogan

Position:

Date: 01/09/2021

Authorised for issue by

Aaron Rogan

Aaron Rogan

01/09/2021

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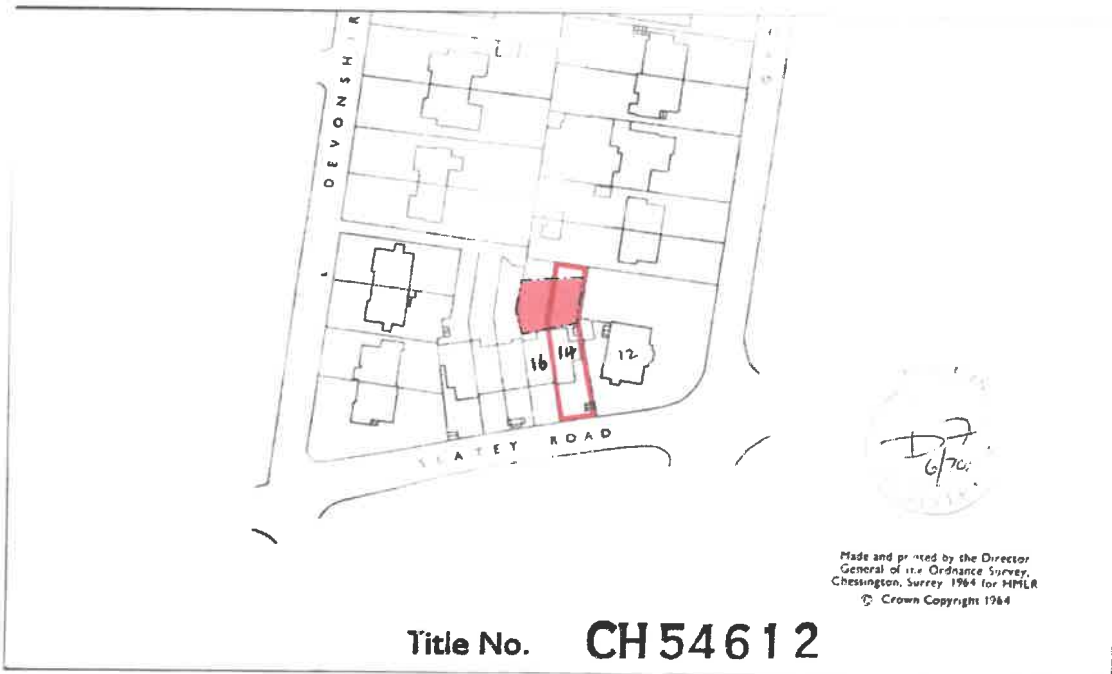
The attached schedule(s) are part of this document and this report is valid only when they are attached to it.

Site Plan:

Key:

Location of works 

Root barrier position (if installed) 



Title No. CH 54612

Made and printed by the Director
General of the Ordnance Survey,
Chesham, Surrey 1984 for HMILR
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This title plan shows the general position of the boundaries: it does not show the exact line of the boundaries. Measurements scaled from this plan may not match measurements between the same points on ground. For more information see Land Registry Explanatory Leaflet 24.
This office copy shows the state of the title plan on 28 August 2003 at 15:12:06. It may be subject to distortions in scale.
Under s.113 of the Land Registration Act 1925, this copy is admissible in evidence to the same extent as the original.
Issued on 28 August 2003.
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This title is dealt with by the Birkenhead (Old Market) District Land Registry.



Post Treatment Management: The following is general advice to help you understand how to mitigate the residual risk of the possibility of viable rhizome remaining in the ground.

1. Monitor Area

Monitor the area on a regular basis, particularly during the Knotweed growing season (typically April to October). Knotweed regrowth should be treated by Environet.

2. Disturbing Soil within Treatment Areas

Wherever possible you should avoid disturbing soil within Treatment Areas, especially following a Herbicide Treatment Programme. This applies irrespective of whether you have any re-growth or not.

If you do need to disturb the ground please be aware of the following:

- a) Soils within the treatment area, and possibly beyond, are likely to contain viable rhizome. If you intend to dispose of the material off site, it will be a controlled waste and should be classified accordingly (e.g. soils potentially containing Japanese Knotweed). The material must be consigned to a licensed waste carrier and all the "Duty of Care" requirements of the Environmental Protection Act 1990 must be followed.
- b) Wherever possible avoid moving soils from the Guarantee area to other areas of the site. If you do need to move soils from the treatment area to other parts of the site we recommend this is carried out under our supervision so that the risk of spread can be minimised.
- c) Avoid accidentally spreading soils from the treatment area to other parts of the site. Be aware that construction traffic can inadvertently move soils around site, so where possible avoid construction traffic routes through treatment areas.

3. Planting within Treatment Areas

Depending on the treatment methodology employed, levels of residual herbicide may remain in the soil that will be harmful to certain plants for approximately 12-24 months. If you need advice on this issue please contact us prior to planting.

4. Import of Materials to Site

If you are importing fill, topsoil or any other material that has the potential to contain Knotweed rhizome you are advised to ensure that it is from a reputable supplier and is not infested with Knotweed rhizome. Importing Knotweed infested material to a site may invalidate any Guarantee.



Site Photographs



1 Knotweed found in JK1, across 14 and 16 Slatey Rd



2 Treatment in 2017



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 9443362**

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: **9861917**
 Company: **FL Gas Business**
 Address: **11 Waverley Centre**
 Postcode: **CH41 1SW**
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Mr Peter Stekey**
 Address:
 Postcode:
 Tel:

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

Name & Title: **MacMaster**
 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 meter or regulator kWh or Btu/h	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Fireplace	Vertical Riallo	CS	24	Y	Y	Y	0003	0007	Y	Pass	Y	Y	Y	Y	Y
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 Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS				RECTIFICATION WORK CARRIED OUT			
1							
2							
3							
4							
5							

Audible CO Alarms Fitted: Yes No N/A 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 6 122

Print Name: **A R DAVIS** Signed: **[Signature]**
 Licence No: **698700** Issue Date: **15 6 21**

Received By: **[Signature]** Signed: **[Signature]**
 Print Name: **[Signature]**

ISSUED BY (GAS ENGINEER)
 RECEIVED BY

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: 5987000
 Company: PR Gas
 Address: WINDAL BUSINESS
CHAY STN
 Postcode: _____
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Plot 3 Rd H
Staley Rd
 Postcode: _____
 Tel: _____

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

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

Number of appliances tested: ONE

APPLIANCE DETAILS

1	2	3	4	5	Location	Make and Model	Type	Flue Type OP/RSFL	Operating pressure in boiler or heat-trip with or without	Safety device(s) correct? Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
					Hall	GW Bekcom 24cms	KS	24	Y	Y	Y	Y	003	003	Y	Pass	Y	Y	Y	Y	Y

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: Yes No
 Pipework: Satisfactory: Yes No
 Emergency Control Accessible: Yes No
 Satisfactory Gas Tightness Test: Yes No
 Equipment Boring Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4	5	WARNING * NOTICE ISSUED Yes/No/N/A	WARNING TAG or STICKER FIXED Yes/No/N/A

Audible CO Alarms Fitted: Yes No N/A
 Approved 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:
1717122

ISSUED BY (GAS ENGINEER)

RECEIVED BY

Print Name: A. Kelly Signed: [Signature]
 Licence No: S/O2879 Issue Date: 17/7/21
 Received By: _____
 Print Name: _____
 (Do not use applicable)
 Tenant/Agent/Landlord/Home Owner

No one present at time of visit

Resin LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 0610026**

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: **648700**
 Company: **FR GAS**
 Address: **11 WIGGAL BUSINESS CENTRE**
 Postcode: **CH41 1SW**
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: **WILLIAMS**
 Address: **FLAT 4**
110 SLATEY ROAD
BIRKENHEAD
 Postcode:
 Tel:

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

Name & Title: **M. MASTER RECORDS**
 Address:
 Postcode:
 Tel:

Number of appliances tested: **7**

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS									
Location	Make and Model	Type	Flue Type	Operating pressure in boiler or heat input (kWh or Btu)	Safety device(s) operative	Spillage test	Smoke poller 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
			OP/SP/Pass/NoNA	Yes/NoNA	Yes/NoNA	Pass/NoNA	Pass/NoNA	reading	reading	Yes/NoNA	Pass/NoNA	Yes/No	Yes/NoNA	Yes/No	Yes/No	Yes/No	Yes/No
1 KITCHEN	ALPHA HE	CHB	RS	12mm	Yes	0.005	0.001	0.005	0.001	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
2 KITCHEN	ALPHA HE	CHB	FL	25mm	Yes	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3																	
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 Ae 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: 11/12/23

ISSUED BY (GAS ENGINEER)

Print Name: **R. VOLAN**
 Licence No: **48311**
 Signed: **[Signature]**
 Issue Date: **11/12/22**

RECEIVED BY

Received By: **[Signature]**
 Tenant/Agent/Landlord/Home Owner
 Signed: **[Signature]**
 Print Name:

No one present at time of visit

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 0610027**

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: **648700**
 Company: **F P GAS**
 Address: **11 WILSON BUILDINGS (FUT)**
 Postcode: **CH41 1JL**
 Tel:

INSPECTION/INSTALLATION ADDRESS

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

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

Name & Title: **MALYAKZES**
 Address: **1**
 Postcode:
 Tel:

Number of appliances tested: **ONE**

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS									
Location	Make and Model	Type	Flue Type	Operating pressure in meter or heat input kWh or Btu/h	Safety device(s) correct	Spillage test	Smoke pellet flue flow test	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination	Flue vent condition	Adequate ventilation	Landlord's appliance	Inspected	Appliance Visual Check	Appliance serviced	Appliance Safe to Use
Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No	Yes/No
1	LANDOR'S	GARDEN RETACEM. 30	CHS	AS	29kW	YES	W/A	W/A	0.00050 COOL	YES	FAILS	YES	YES	YES	YES	YES	YES
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 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	5

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:

ISSUED BY (GAS ENGINEER)

Print Name: **PITMAN** Signed: **RW**
 Licence No: **648700** Issue Date: **11/2/22**

RECEIVED BY

Received By: **[Signature]** (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 Print Name:
 No one present at time of visit

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE. CONTACT TO NOT USE REPORT P45

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REGISTERED BUSINESS DETAILS

Reg No: 486100
 Company: PR Gas Services
 Address: 11 Wines Centre
 Postcode: M41 1SU
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Flat 1 19 Sketty Rd
 Postcode: _____
 Tel: _____

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

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

Number of appliances tested: 2

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OP/RF/FL	Operating pressure in heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pallet flue flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1 <u>Kettner</u>	<u>White horizon</u>	<u>CHL</u>	<u>FL</u>	<u>22L</u>	<u>Y</u>	<u>---</u>	<u>---</u>	<u>002</u>	<u>005</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
2 <u>Radisson</u>	<u>CM Belcon</u>	<u>CHL</u>	<u>FL</u>	<u>24kW</u>	<u>Y</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>---</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>	<u>Y</u>
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 Yes No
 Pipework Inspection: Yes No
 Emergency Control Accessible: Yes No
 Satisfactory Gas Tightness Test: Yes No
 Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

1																	
2																	
3																	
4																	
5																	

RECTIFICATION WORK CARRIED OUT

Audible CO Alarms Fitted: Yes No N/A
 Audible 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:
29/11/22

Print Name: Alan Radson Signed: 29/11/21
 Licence No: 5702879 Issue Date: _____

ISSUED BY (GAS ENGINEER)
 RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 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: **64878C**
 Company: **ER 54X**
 Address: **11 WARRAL BLVD, CENTRE**
 Postcode: **1743**
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: **PAUL PARRY**
 Address: **FURT 3**
14 SUTTER ROAD
EXTON
 Postcode:
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: **MALMAIER**
 Address:
 Postcode:
 Tel:
 Number of appliances tested: **ONE**

APPLIANCE DETAILS

1	2	3	4	5	Location	Make and Model	Type	Flue Type OR R/RFL	Operating pressure in bar (kg/cm ²) or (psi)	Daily operational hours per week	Spillage test pass/fail	Sediment test pass/fail	Initial combustion meter reading	Final combustion meter reading	Satisfactory operation pass/fail	Flue vent condition pass/fail	Adequate ventilation Yes/No	Landlord's appliance checked Yes/No	Inspected Yes/No	Appliance Visual Checked Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
					Living Room	Removal Permana	Gas	RS 11ms			Yes	N/A	N/A	N/A	Pass	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 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																						
5																						

Audible CO Alarms Fitted: **Yes** **No** **N/A**
 Airtight 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

ISSUED BY (GAS ENGINEER)
 Print Name: **A. N. N.**
 Licence No: **12345**
 Signed: **[Signature]**
 Issue Date: **11/2/22**

NEXT GAS SAFETY CHECK DUE BEFORE:
11.12.23

RECEIVED BY
 (Name as applicable)
 Tenant/Agent/Landlord/Home Owner
 Print Name:
 Received By: **[Signature]**
 Signed:
 No one present at time of visit

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 9961225**

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: **678700**
 Company: **FL Gases**
 Address: **11 W. V. W. 1 395**
 Postcode: **2071 15W**
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: **FLY 4. 10. 14 Stoney**
 Postcode:
 Tel:

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

Name & Title: **Mr. McKee**
 Address:
 Postcode:
 Tel:

Number of appliances tested: **one**

APPLIANCE DETAILS

Appliance	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in meter input kWH or other	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	Inlet combustion analyser reading	Final combustion analyser reading	Satisfactory temperature Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance Visual Check: Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Electric	Gas	RS	24	Yes	—	—	good	good	Yes	Good	Y	Y	Y	Y	Y	Y
2	Performance Defective	Gas	RS	24	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

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1																		
2																		
3																		
4																		
5																		

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:
29/11/22

ISSUED BY (GAS ENGINEER)

Print Name: **Alan Robins**
 Licence No: **5202879**
 Signed: *[Signature]*
 Issue Date: **20/11/21**

RECEIVED BY

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

No one present at time of visit

