

# 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.

**REGISTERED BUSINESS DETAILS**

Reg No: 048700  
 Company: FR GAS  
 Address: 11 WINDMILL BUSINESS CENTRE  
 Postcode: C44 1JW  
 Tel: \_\_\_\_\_

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: KELLY  
 Address: FLAT 1  
 16 SLATEY ROAD  
 B1790  
 Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_

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

Name & Title: MACMASTER  
 Address: \_\_\_\_\_  
 Postcode: \_\_\_\_\_  
 Tel: \_\_\_\_\_

Number of appliances tested: 2/20

	APPLIANCE DETAILS			FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OFRS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety devices 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	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Check Yes/No/NA	Appliance serviced Yes/No
1	KITCHEN	SPENCER BEYRON 2K	CHR	RS	24KW	Y	N/A	N/A	0.024	0.018	Y	Pass	Y	Y	Y
2	KITCHEN	LAPINVA	HOB	FL	21	Y	N/A	N/A	N/A	N/A	N/A	N/A	Y	Y	Y
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  WARNING \* NOTICE ISSUED Yes/No/NA  WARNING TAG or STICKER FIXED Yes/No/NA

**RECTIFICATION WORK CARRIED OUT**

1	
2	
3	
4	
5	

**Approved CO Alarms Fitted:** Yes  No  **Are CO Alarms in Date:** Yes  No  **Testing of CO Alarms Satisfactory:** Yes  No  **Smoke Alarms Fitted:** Yes  No  **Approved CO Alarms Fitted:** Yes  No  **Smoke Alarms Fitted:** Yes  No  **Approved CO Alarms Fitted:** Yes  No  **Smoke Alarms Fitted:** Yes  No

**GIVE DETAILS OF ANY FAULTS**

**OTHER COMMENTS OR OBSERVATIONS**  
 No CO Alarm Fitted

**ISSUED BY (GAS ENGINEER)**  
 Print Name: A. K... Signed: A.K... Issue Date: 15/12/22  
 Licence No: 12345

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