

GAS INSTALLATION / SAFETY RECORD

Serial No.

4351379

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Customer/Tenant/Pitch or Location: (delete as applicable)

Name: Alexandra Reid
 Address: 23 Graysule Road
Birkenhead

Postcode: CH425PU
 Tel No. 07305943101

Landlord / Letting Agent / Park: (delete as applicable)

Name: Smith + Sons
 Address: 51-52 Hamilton
Square
Birkenhead

Postcode: CH415BN
 Tel No. 0151 6479272

Company details:

Name: CARL NESBIT
 Address: 7 GIBFIELD RD
STHELENS

Postcode: WA95FW
 Tel No. 0738417628

Gas Safe Registration No. 628840

NB. To Customer, Tenant, Landlord or Responsible Person.
 It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box) Safety Check Installation Service Repairs

Meter/Emergency Control Accessible? Yes No Gas Meter and Installation (visible) Pipework Satisfactory? Yes No Gas Installation Tightness Test Satisfactory? Yes No

Fuel Type: (tick box) Natural Gas L.P.G.

Is the Installation Safe to Use: (Yes/No) Yes

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		<u>Kitchen</u>					
OWNER		<u>LANDLORD</u>					
TYPE		<u>Boiler</u>					
MAKE		<u>IDEAL</u>					
MODEL		<u>EXC 24</u>					
FLUE TYPE	RS/OF/FL	<u>RS</u>					
FUEL TYPE	NG/LPG	<u>NG</u>					
INSPECTED/SERVICED	I/S	<u>SERU</u>					
VENTILATION SATISFACTORY	Y/N/NA	<u>Y</u>					
SAFETY CONTROL(S) WORKING	Y/N/NA	<u>Y</u>					
FLUE TERMINATION SATISFACTORY	Y/N/NA	<u>Y</u>					
FLUE VISUAL CHECK	P/F/NA	<u>P</u>					
FLUE FLOW SATISFACTORY	P/F/NA	<u>N/A</u>					
SPILLAGE TEST SATISFACTORY	P/F/NA	<u>NA</u>					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	<u>24kW</u>					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	<u>Y</u>					
ANALYSIS RESULT CO/CO ₂ RATIO	%	<u>0.0006</u>					
APPLIANCE SAFE TO USE	Y/N	<u>Y</u>					
WARNING LABEL ATTACHED	Y/N	<u>N</u>					
WARNING NOTICE ISSUED	Y/N	<u>N</u>					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2	<u>No Cooker at Present</u>	
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) 22/2/2023
 The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Operative Name: (in capitals) <u>CARL NESBIT</u>	Signed: (by Operative) <u>[Signature]</u>	Gas Safe Card Serial No. <u>4698855</u>
Customer Name: (in capitals) <u>Alexandra</u>	Signed: (by Customer) <u>[Signature]</u>	Number of Appliances Tested: <u>1</u>

NEXT DUE 4 3 2024