The work record	ded on this form sho	ould be carrie	d out by a compe	etent, registered	gas engineer,	RECORD /operative in accorda	nce /1 2	40187	
with the current Gas Safety (Installation & Use) Regulations, Building F Customer/Tenant/Pitch or Location: (delete as applicable)					Company details:				
N CF = Deal of					Name: CARLNESBIT				
Address: Starten Boardman					Address: 7 G BFIELD RD				
37 110, 6 0000					CT HEI GOLC				
Bromborough					31 TIELENS				
		Dootoodo	11/37	(AD			Postoodo I. L	1956	
Postcode C H62708					Postcode WA95FW Tel No. 07384117628				
101110.					Gas Safe Registration No. 628840				
Landlord / Letting Agent / Park: (delete as applicable)									
Name: Smith + Sons Address: SI - SZ Hamilton Sauare Bittenhead Postcode CHAISBN					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				
Tel No.	0157 64	1792	72	telepho	ne numbe	r.			
Type of Work done: (tick box)		Safety Check 🖃 💮 Ins		Installation		Service Repairs		pairs 🗌	
Meter/Emergency Yes		- Gas N	Vieter and Ins	tallation	on Yes Gas Installation Tightness Y			Yes 🖃	
Control Access	-	(visib	le) Pipework	Satisfactory?	No 🗗	Test Satisfact	ory?	No 🗌	
Fuel Type: (tick box) Natural Ga					Is the Installation Safe to Use: (Yes/No)			yes	
Appliance Details:		Answer	1	2	3	1 4	5	6	
LOCATION	21101	7 (110 (10)		KotChen					
			BEDVOOR	LANDLORD					
DWNER			(AND Lord	111					
TYPE			Borcer	HOB					
MAKE			DEAL	CAPLE				j	
MODEL			24 EXC	NA					
FLUE TYPE		RS/OF/FL	R	+L					
FUEL TYPE		NG/LPG	NG	NG					
INSPECTED/SERVICED		I/S	INSP	INSP					
VENTILATION SATISFACTORY		Y/N/NA	4	9					
SAFETY CONTROL(S) WORKING		Y/N/NA	9	NA					
FLUE TERMINATION SATISFACTORY		Y/N/NA	4	NA					
FLUE VISUAL CHECK		P/F/NA	P	NA					
FLUE FLOW SATISFACTORY		P/F/NA	NA	NIA					
SPILLAGE TEST SATISFACTORY		P/F/NA	NIA	NIA					
WORKING PRESSURE or HEAT INPUT		mbar, kW/h	24KW	Zombay					
FLUE GAS ANALYSIS PERFORMED		Y/N/NA	4	NA					
ANALYSIS RESULT CO/CO2 RATIO		%	0.0005	NA					
APPLIANCE SAFE TO USE		Y/N	U	4					
WARNING LABEL ATTACHED		Y/N	~	2					
WARNING NOTICE ISSUED		Y/N	~	2					
REASON CODE - ID/									
Appliance Deta		/remedial	work require	d: ID	etails of a	ny work carried	out:		
	Ew Boiler						P3 /	0300	
2	200104	1 200	2011036	,,- ,,-	SC 304	2000	- i coce	July .	
3									
4									
5									
6									
I certify that the	above work wa	s carried o	out by myself	on the (date	of work d	one) g the installation up to s	Date:	12023	
Operative Name: (i			ed: (by Operative		Gas Safe Card Serial No.				
Customer Name: (i		Sign	ed: (by Custome	r) fi	Number of Appliances Tested:				
	Boardman			cudin	$a \wedge$	2	*		