

# LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title)		SOUL REPAIR CENTRE.	
Name:	JOHN J LARRESEY	Gas Safe Register No:	1588811
Address:	40 HAZEL OXTON RD BURTONWOOD	Gas Installer Ref. No:	5118874
Post code:	CH44 2QD	Date of Issue:	23/9/21
Tel:	0151 6701522	Time of Issue:	AM
		Engineers Name: (print)	JOHN LARRESEY

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: LUCY SWAN  
 Property Address: 6 MAPLE ST  
 Post Code CH41 2SZ Tel: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: MOSCOPE ESTATE AGENTS  
 Address: 8 WINESTONE LANE  
 Post Code CH44 2QR Tel: 0151 658 2214  
 Landlord/Agent\* present during inspection YES/NO

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				RESULTS							
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO <sub>2</sub> CO <sub>2</sub> Ratio / CO <sub>2</sub> CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	WREDA	WIND	ECO GAS	COMB	RS	2.41	Y	Y	Y	Pass	N/A	N/A	Y	Pass	10004	Y	Y	Y	
2	M	WOODR	ISSAIE	COMB	RS	2.0	Y	Y	Y	Pass	N/A	N/A	Y	Pass	N/A	Y	Y	Y	
3																			
4																			
5																			

## DETAILS OF ANY FAULTS

## REMEDIAL ACTION TAKEN

## DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED  
 Yes NO

Outcome of gas installation pipework visual inspection? Pass / Fail/NA  
 Outcome of gas supply pipework visual inspection? Pass / Fail/NA  
 Is the Emergency Control Valve access satisfactory? Pass / Fail/NA  
 Outcome of gas tightness test? Pass / Fail/NA  
 Is the Protective Equipotential bonding satisfactory? Pass / Fail/NA

This Safety Record is issued by Gas Installer: (SIGNED) [Signature]  
 Received on behalf of Landlord / Home Owner: (SIGNED) [Signature]  
 Tenant/Landlord/Agent/Home Owner\* [Signature]  
 Number of appliances tested: \_\_\_\_\_  
 Date: 23-9-2021

**ATTENTION**  
 Next safety check due by: 23/9/2022