

GAS INSTALLATION / SAFETY RECORD

Serial No.

4351209

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: Tom Ashley

Address: 7 Stonehouse RD
Wallasey

Postcode: CH4420J

Tel No. 0151 6910261

Company details:

Name: CARL NESBIT

Address: 7 GIBFIELD RD
ST HELENS

Postcode: WA95FW

Tel No. 07384117628

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

Name: Smith + Sons

Address: 51 - 52 Hamilton
Square
Birkenhead

Postcode: CH415BN

Tel No. 0151 6479272

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		BEDROOM	KITCHEN				
OWNER		LANDLORD	TENANT				
TYPE		Boiler	Cooker				
MAKE		Dukera	NEWNORTH				
MODEL		COMP25	N/A				
FLUE TYPE	RS/OF/FL	RS	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED/SERVICED	I/S	SERU	NO				
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P					
FLUE FLOW SATISFACTORY	P/F/NA	N/A					
SPILLAGE TEST SATISFACTORY	P/F/NA	N/A					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	25kw					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO ₂ RATIO	%	0.0011					
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1	Flue has Silicone on outer seal but flue is full	
1 cont	SOCKET.	
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) Date: 5/10/2022
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) 	Gas Safe Card Serial No. <u>4698855</u>
Customer Name: (in capitals) <u>TOM ASHLEY</u>	Signed: (by Customer) 	Number of Appliances Tested: <u>1</u>

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.
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**NEXT SAFETY CHECK DUE WITHIN
12 MONTHS OF THE ABOVE DATE**

NEXT DUE 16/10/2023