

Serial No

WA 380033

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

safe
REGISTER

Details of Registered Business

Gas Safe Register No 307134
Registered Engineer's Name W. Bucknall
Gas Safe Register Licence Number 2916374
Business Norman
Address 28 Baxs Street
Princes

Postcode EH11 1BN
Contact No 07501 0066 858

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
Address 29/1 West Bayside Road
Edinburgh

Postcode EH11 1BN
Contact No 07501 0066 858

Details of Landlord/Homeowner (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) Constance Venn
Address 21 Bayside Road
Edinburgh

Postcode EH11 1BN
Contact No _____

Number of Appliances tested: 2

select as appropriate and relevant

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~~

Outcome of gas tightness test? Pass / ~~Fail~~ / ~~NA~~

Appliance Details

	Location of	Type	Manufacturer	Model	Quantity Landlord / Homeowner Yes/No	Inspected Yes/No	Type of flue
1	Kitchen	Boiler	Worcester	280	Yes	Yes	RF
2	Kitchen	Heater	Worcester		Yes	Yes	RF
3							
4							

Inspection Details

	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Serviced Yes/No	SAFE TO USE Yes/No
1	280	Pass	Yes	Pass	Pass	0.002	Yes	Yes
2		Pass	Yes	Pass			Yes	Yes
3								
4								

Any Defects Identified

	GIUSP classification eg. NCS, AP, ID	Warning/Advice Record insert form serial No
1		
2		
3		
4		

Remedial Action Taken

numbering should correspond to defects above.		
1		
2		
3		
4		

Details of Work carried out

* Refer to separate Warning/Advice Notice

ATTENTION

Next safety check due by:

1/4/18

Record issued by: Signature

Print Name

Received by: Signature

Tenant/Landlord/Homeowner/Agent