

# LANDLORD / HOME OWNER GAS SAFETY RECORD

SERIAL N°

CP12 827451



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations. For appliances not owned by the Landlord, where only visual checks are undertaken, recording a YES in 'Appliance Safe' is based only on a visual check for obvious defects with no physical tests completed.

**JOB ADDRESS** Rented Accommodation (Yes / No)  **Y**

Name: \_\_\_\_\_  
 Address: 866 Peeddie Street  
DUNDEE  
 \_\_\_\_\_  
 Postcode: DD1 5LT  
 Tel No: \_\_\_\_\_

**LANDLORD DETAILS** (or where appropriate their agent)

Name: Sandstone Management  
 Address: Coates Crescent  
Edinburgh  
 \_\_\_\_\_  
 Postcode: EH3 7AF  
 Tel No: \_\_\_\_\_

**REGISTERED BUSINESS DETAILS**

Reg No: 211510  
 Company: Domestic Plumbing + Heating  
 Address: 12 Janyards Street  
Dundee  
 Postcode: DD4 6SZ  
 Tel No: 01382 228 220

APPLIANCE DETAILS							No. of Appliances Listed Below: <b>1</b>	
	Location	Appliance Type	Make	Model	Chimney/Flue Type (FL/OF/RS)	Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)	
1	<u>Bedroom</u>	<u>Boiler</u>	<u>Ariston</u>	<u>Gas One Evo</u>	<u>RS</u>	<u>Yes</u>	<u>Yes</u>	
2								
3								
4								

	INSPECTION / SAFETY CHECKS			CHIMNEY CHECKS		COMBUSTION READING(S)		SUMMARY	
	Ventilation Satisfactory (Yes/No)	Operating Pressure or Heat Input (mbar/kW)	Safety Device(s) Correct Operation (Yes/No)	Visual Condition Satisfactory (Yes/No/NA)	Chimney/Flue Performance (Pass/Fail/NA)	Initial (If Applicable)	Final (If Applicable)	Appliance Serviced (Yes/No)	Appliance Safe (Yes/No)
1	<u>Yes</u>	<u>20mb</u>	<u>Yes</u>	<u>Yes</u>	<u>Pass</u>	<u>0.0005</u>	<u>56ppm</u>	<u>No</u>	<u>Yes</u>
2									
3									
4									

AUDIBLE CO DETECTOR		
Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
<u>Yes</u>	<u>Yes</u>	<u>Yes</u>

APPLIANCE DEFECT(S) IDENTIFIED	REMEDIAL ACTION TAKEN
1	
2	
3	
4	

**INSTALLATION GENERAL** (Yes/No/NA)

Emergency Control Valve Satisfactory:  **Y** Gas Installation Pipework Satisfactory (Visual):  **Y**

Meter / Cylinder Installation Satisfactory (Visual):  **Y** Gas Installation Correct Materials Used (Visual):  **Y**

Main Protective Bonding Satisfactory (Visual):  **Y** Gas Tightness Test Satisfactory:  **Y**

**DETAILS OF OTHER WORK CARRIED OUT** (e.g. service, etc.)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NEXT SAFETY CHECK DUE BEFORE**

12/11/22

**Issued by:** K. Valentine Signed: [Signature]

Print Name: \_\_\_\_\_ Issue Date: 12/11/21

Licence No: 5065764

**Received by:** \_\_\_\_\_ Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Issue Date: \_\_\_\_\_

Tenant / Home Owner / Landlord / Other (please state) \_\_\_\_\_ No one present at the time of visit

WARNING NOTICE SERIAL N°(S)

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