# GAS SAFETY / LANDLORD CERTIFICATE

No. 669030

| REGISTERED BUSINESS DETAILS | Reg No.: 505657 |
|---|---|
| Gas Engineer: | THOMAS LEE |
| Gas Safe registered engineer No.: | 3908214 |
| Company: | HALLAMSHIRE ENERGY |
| Address: | 110, PROSPECT ROAD |
| | SHEFFIELD |
| Postcode: | S2 - 3EN Tel No.: |

| INSPECTION ADDRESS | Rented: Yes ☐ No ☐ |
|---|---|
| Name & Title: | CLAIRE DRAKEFORD |
| Address: | 13, HALESWORTH ROAD |
| | S13 - 9AA |
| Postcode: | Tel No.: |

This inspection is for gas safety purposes only, to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of product of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

| LANDLORD / CLIENT NAME & ADDRESS (if different) | |
|---|---|
| Name & Title: | DAWN A MARTIN |
| Address: | 1 BEECH GROVE, BARNSLEY |
| Postcode: | S70 6QG Tel No.: 0774 0022 939 |

**DESCRIPTION OF WORK CARRIED OUT**

LANDLORD GAS SAFETY CHECK ( ALPHA C23 COMBI BOILER )

| | APPLIANCE DETAILS | | | | | | | FLUE TESTS | | | INSPECTION DETAILS | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Location | Make | Model | Type | Flue type OF/RS/FL | Operating pressure in Mbar or heat input kW/h or Btu/h | Safety device(s) correct operation Yes/No/NA | Spillage test Pass/Fail/NA | Smoke pellet flue flow test Pass/Fail/NA | Combustion analyser reading (if applicable) | Satisfactory termination Yes/No/NA | Flue visual condition Pass/Fail/NA | Adequate Ventilation Yes/No | Landlord's appliance Yes/No/NA | Inspected Yes/No | Appliance Serviced Yes/No | **Appliance Safe to use Yes/No** |
| 1 | BEDROOM | ALPHA | C23 | COMBI | R/S | 25KW | YES | N/A | N/A | 0.0005 | YES | YES | YES | YES | YES | NO | YES |
| 2 | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | |

**Gas Installation Pipework:** Satisfactory Visual Inspection: Yes ☑ No ☐ Emergency Control Accessible: Yes ☑ No ☐ Satisfactory Gas Tightness Test: Yes ☑ No ☐ Equipotential Bonding Satisfactory: Yes ☑ No ☐

**CARBON MONOXIDE:** Drowsiness, headaches or nausea when a gas appliance is running could be Carbon Monoxide (CO) poisoning. Turn the appliance off **IMMEDIATELY** and seek expert help.

CO alarm(s) fitted: Yes ☑ No ☐ CO alarm(s) tested: Yes ☑ No ☐ Make/Model: LIFESAVER Date of Manufacture: 11/2014 (if older than 5 years, alarm(s) may need replacing)

| | GIVE DETAILS OF ANY FAULTS | RECTIFICATION WORK CARRIED OUT | WARNING * NOTICE ISSUED Yes/No/NA | WARNING TAG OR STICKER FIXED Yes/No/NA |
|---|---|---|---|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |

Number of appliances tested: 1

**NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS**

This record is issued by: Signed: Print Name: TOM LEE Date: 28TH March 17

Received by: Signed: Tenant / Agent / Landlord / Home Owner (Delete as applicable) Date: 28 MAR 2017

Copies: White - Landlord Pink - Customer/Tenant (if rented) Blue - Engineer

* If yes, please refer to separate warning/advice notice **Code: PH091**