

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 products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

REGISTERED BUSINESS DETAILS Reg No: <u>506357</u>	
Gas Engineer:	
Gas Safe registered engineer No:	<u>JB Heating Services</u>
Company:	<u>76c Carr Road, Deepcar</u>
Address:	<u>Sheffield, S36 2NR, 07930144256</u>
	<u>Gas Safe 506357</u>
Postcode:	Tel:

INSPECTION/INSTALLATION ADDRESS	
Name & Title:	<u>Mr. Martin</u>
Address:	<u>2 Beech Grove</u>
	<u>Barnsley</u>
Postcode:	<u>S70 6NG</u> Tel:
I certify that I carried out inspections on the appliances detailed below.	
Signed:	<u>[Signature]</u> Inspection Date: <u>21.2.17</u>

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Name & Title:	<u>Mr. Martin</u>
Address:	<u>1 Beech Grove</u>
	<u>Barnsley</u>
Postcode:	<u>S70 6NG</u> Tel:

APPLIANCE DETAILS							FLUE TESTS				INSPECTION DETAILS						
	Location	Make and 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	Initial combustion analyser reading	Final combustion analyser reading	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	<u>Bedroom</u>	<u>glaxiaform Flexicom</u>	<u>BH</u>	<u>RS</u>	<u>18.6kw</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>0.0007</u>	<u>0.0007</u>	<u>YES</u>	<u>pass</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2		<u>305x</u>															
3	<u>kitchen</u>	<u>hamona cook</u>	<u>CH</u>	<u>FL</u>	<u>11.6kw</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>
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 ☐

GIVE DETAILS OF ANY FAULTS					RECTIFICATION WORK CARRIED OUT					WARNING NOTICE ISSUED Yes/No/NA	* WARNING TAG or STICKER FIXED Yes/No/NA
1	<u>Broke flue not sealed internal.</u>										
2											
3											
4											
5											

Audible CO
Alarms:

Approved CO
Alarms Fitted: Yes ☒ No ☐ N/A ☐

Are CO
Alarms in Date: Yes ☒ No ☐ N/A ☐

Testing of CO
Alarms Satisfactory: Yes ☒ No ☐ N/A ☐

Smoke
Alarms Fitted: Yes ☒ No ☐ N/A ☐

Number of appliances tested: 2

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by:

Signed:

[Signature]

Print Name:

J. Bradley

Date:

21.2.17

Received on behalf of the Landlord/Home Owner:

Signed:

X D-M

Tenant/Agent/Landlord/Home Owner (Delete as applicable)

Date:

21.2.17