

## GAS ENGINEER'S DETAILS

Reg. Trading Title

Company  
AddressPostcode  
Engineer Name

## LANDLORD/HOME OWNER GAS SAFETY RECORD

interpart

Engineer Name	GAS SAFE REG No:
110 Prospect Road Skipton	50SGS1
S2 3 EN	Tel:
Chris Mason	ID Card No
I certify that I carried out inspections of the appliances detailed below.	
Signed:	Inspection Date: 12/3/18

## INSPECTION/INSTALLATION ADDRESS

Name & Title  
Address

Postcode

33, Dorsomere Green Skipton	Tel:
LS16 8DZ	

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.

## LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title  
Address

Postcode

Mr Mason

Tel:

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 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	Kitchen	Ideal	Classic Combi	R/S	Boxw	Yes	N/A	N/A	0.0011	Yes	Pass	Yes	Yes	Yes	Yes	Yes	
2																	
3																	
4																	
5																	

Gas Installation  
Pipework:Satisfactory Visual  
Inspection:

Yes



No

Emergency Control  
Accessible:

Yes



No

Satisfactory Gas  
Tightness Test:

Yes



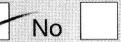
No

Equipotential  
bonding satisfactory:

Yes



No



## GIVE DETAILS OF ANY FAULTS

## RECTIFICATION WORK CARRIED OUT

WARNING \*  
NOTICE ISSUED  
Yes/No/NAWARNING TAG OR  
STICKER FIXED  
Yes/No/NA

1		
2		
3		
4		
5		

Number of appliances tested



NEXT SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by

Signed:



Print name:

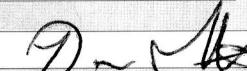
C. Mason

Date:

12/3/18

Received on behalf of the Landlord/Home Owner

Signed:

Tenant/Agent/Landlord/Homeowner  
(Delete as applicable)

Date:

12/10/2018