

LANDLORD/HOME OWNER GAS SAFETY RECORD

Safety Inspection and reporting carried out in accordance with the Gas Safety (Installation and Use) Regulations 1998.

Certificate Reference: 38

DETAILS OF THE CONTRACTOR	DETAILS OF THE INSTALLATION	DETAILS OF THE CLIENT/LANDLORD
Trading Title: Tyne and Wear Heating Address: 25 East Boldon Road Cleadon Sunderland Post Code: SR6 7TB Gas Safe No: 305843 Telephone No: 07595749098	Installation Address: 32 Highbury West Jesmond Post Code: Telephone No:	Client Address: HMO made simple 6 Osborne Avenue Jesmond Newcastle upon tyne Post Code: NE2 1JQ Telephone No: 07970663548

APPLIANCE DETAILS				INSPECTION DETAILS												
Location	Appliance Type	Make	Model	Flue Type (OF/RS/FL)	Landlord's appliance (Yes/No/NA)	Appliance Inspected (Yes/No/NA)	Combustion Analyser Reading (CO/CO2)	Operating Pressure (mbar or inches)	Heat Input (Btu/h or kW)	Safety Devices(s) Correct Operation (Yes/No/NA)	Ventilation Provision Satisfactory (Yes/No)	Visual Condition of Flue and Termination Satisfactory (Yes/No/NA)	Flue Performance Test (Pass/Fail/NA)	Appliance Serviced (Yes/No)	Appliance Safe To Use (Yes/No)	
1 Kitchen	combi	Heatmax	33 HE	RS	Yes	Yes	0.0006	20.6 mbars	33 kW	Yes	Yes	Yes	Pass	No	Yes	
2 Kitchen	Cooker	Excellence	N/A	FL	Yes	Yes	N/A	N/A	N/A	N/A	Yes	N/A	N/A	No	Yes	
3																
4																
5																

DEFECT(S) IDENTIFIED	REMEDIAL ACTION TAKEN	NOTICE & LABEL ISSUED
1		
2		
3		
4		
5		

Emergency control accessible <input checked="" type="checkbox"/> YES	Gas tightness satisfactory <input checked="" type="checkbox"/> YES	SIGNATURES	Gas ID Number:
Gas installation Pipework Visual Inspection Satisfactory <input checked="" type="checkbox"/> YES	Number of appliances tested: <input type="text" value="2"/> Equipotential bonding <input checked="" type="checkbox"/> YES		Report Issued By: Name: Nathaniel Smith Signed: _____ Date: 17/06/2015
NEXT INSPECTION DUE ON OR BEFORE: <input type="text" value="17/06/2016"/>		Report Received By: Name: _____ Signed: _____ Date: _____	

LANDLORD/HOME OWNER GAS SAFETY RECORD CHECK LIST

GUIDANCE FOR RECIPIENT (to be appended to the Certificate)

1. Check with the occupant to ascertain any problems with the gas installation and appliance(s).
2. Check that there is an adequate supply of air to all gas appliances.
3. Check the operation of appliance, control taps, ignition system and any flame supervision devices fitted.
4. Check the flame picture of any burner(s).
5. Check clearances from combustible materials e.g. kitchen cupboards etc.
6. Check the stability of the appliance (including provision of bracket or hook and chain on gas cookers).
7. Check gas installation pipe work and where appropriate any flexible connection(s).
8. Open-flues
 - (a) Check the condition and full route (where practicable) of the flue and, where applicable, the suitability of any terminal/chimney pot fitted.
 - (b) Check the appliance flue connection to any chimney or flue-liner. In the case of a back boiler installation, check all pipe ducts or voids entering the builder's opening including the annular space around any flue liner/flue connection are sealed.
 - (c) Carry out flue flow check.
 - (d) For a gas fire, check and clear the catchment space and check that any dampers have been removed or fixed in the open position.
 - (e) Test the appliance for spillage using any guidance given in the manufacturer's instructions.
9. Room - sealed appliances
 - (a) Check case and sight glass seal on appliance, replace as necessary.
 - (b) Check position of terminal, clearances from corners etc. vegetation and terminal guard fitted as appropriate.
10. Ensure the operating gas pressure or heat input rate or, where necessary, both are correct.
11. Test all controls to ensure satisfactory operation.
12. Test all disturbed gas connections for tightness using leak detection fluid, carry out full gas tightness test if required.

13. Advise the gas user of any defects/further work required or recommend as necessary.