

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: 210

DETAILS OF THE CONTRACTOR	DETAILS OF THE INSTALLATION	DETAILS OF THE CLIENT/LANDLORD
Trading Title: Tyne and Wear Heating	Installation Address: 69 Shortridge Terrace Jesmond	Client Address: HMO made simple 6 Osborne Avenue Jesmond Newcastle upon tyne
Address: 25 East Boldon Road Cleadon Sunderland	Post Code: SR6 7TB	Post Code: NE2 1JQ
Gas Safe No: 305843	Telephone No: 07595749098	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	Vokera	linea 24	RS	Yes	Yes	n/a	10.1 mbars	24.53 kW	Yes	Yes	Yes	N/A	No	Yes	
2 Kitchen	Hob	n/a	n/a	FL	Yes	Yes	n/a	n/a	N/A	Yes	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	Report Issued By: Nathaniel Smith		Signed: _____
Number of appliances tested: 2	Equipotential bonding <input checked="" type="checkbox"/> YES	Report Received By: _____	Date: _____
NEXT INSPECTION DUE ON OR BEFORE: 17/06/2016	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.