LANDLORD/HOME OWNER GAS SAFETY RECORD

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

52 Certificate Reference: DETAILS OF THE CONTRACTOR DETAILS OF THE INSTALLATION DETAILS OF THE CLIENT/LANDLORD Trading Title: Tyne and Wear Heating Installation Installation Address Client HMO made simple Address: Address: 94 Dinsdale Road 6 Osborne Avenue Address: 25 East Boldon Road Sandyford Jesmond Cleadon Newcastle upon tyne Sunderland Post Code: NE2 1JQ Post Code: SR6 7TB Post Code: Gas Safe No: 305843 Telephone No: 07595749098 Telephone No: Telephone No: 07970663548 APPLIANCE DETAILS INSPECTION DETAILS Combustion Analyser Reading (CO/CO2) Operating Pressure (mbar or inches) Safety Devices(s) Correct Operation (Yes/No/NA) Visual Condition of Flue and Termination Satisfactory (Yes/No/NA) Flue Performance Test (Pass/Fail/NA) Landlord's appliance (Yes/No/NA) Appliance Inspected (Yes/No/NA) Ventilation Provision Satisfactory (Yes/No) Appliance Safe To Use (Yes/No) Flue Type (OF/RS/FL) Appliance Serviced (Yes/No) Location Appliance Type Make Model 1 Kitchen Baxi plat 40 he RS Yes 0.000419.3 mbars 38.59 kW Yes Yes combi Yes Pass Nο Yes 2 Kitchen CDA N/A FI N/A N/A N/A kW N/A N/A N/A Hob Yes Yes Yes Nο Yes 3 4 5 NOTICE & LABEL ISSUED DEFECT(S) IDENTIFIED REMEDIAL ACTION TAKEN 1 2 3 4 5 **SIGNATURES** Emergency control accessible YES Gas tightness satisfactory YES Gas ID Number: Report Issued By: **YFS** Gas installation Pipework Visual Inspection Satisfactory Nathaniel Smith Date: 02/07/2015 Signed: Number of appliances tested: Equipotential bonding YES Report Received By: 02/06/2016 NEXT INSPECTION DUE ON OR BEFORE: 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.