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:																	
DETAILS OF THE CONTRACTOR						ALLS	OF TH	OF THE INSTALLATION				DETAIL	_S OF T	HE CLIEN	NDLO	RD	
Trading Title: Tyne and Wear Heating					Insta Addre							Client HMO made simple Address: 6 Ocharge Avanua					
Address: 25 East Boldon Road Cleadon Sunderland					Addre	ress: Flat 2, 29 Akenside Terrace Jesmond						Address: 6 Osborne Avenue Jesmond Newcastle upon tyne					
	Post Code: SR6 7TB					Post Code: Post Cod							Code: N	de: NE2 1JQ			
Gas Safe No:	305843	Telephone No: 07595749098		Telep	phone No: Telephone No: 07970663						0797066354	548					
APPLI ANC	E DETAI		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	25.28 kW		Yes	Yes	Pass	No	Yes
2 Kitchen		Hob	Baumatic	N/A		FL	Yes	Yes	n/a	n/a	N/A	Yes	Yes	Yes	N/A	No	Yes
3																	
4																	
5																	
DEFECT(S) I DENTI	FIED	REM	REMEDIAL ACTION TAKEN													
1																	
2																İ	
3																	
4																	
5																	
Emergency co	ntrol access	ible YES G		Gas ID Number:													
Gas installation Pipework Visual Inspection Satisfactory YES							Report Issued By: Name: Nathaniel Smith Signed: Date:								17/06	5/2015	
Number of ap	pliances test	ted: 2 E	quipotential bonding	Y	ES _F	Report	Report Received By:										
NEXT INSPECTION DUE ON OR BEFORE: 17/06/2016 Name:									Signed:					:			

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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.