

## LANDLORD / HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are the result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed.  
Registered Business / Engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500

## Details of Registered Business

Gas Safe Register No. 29907  
Registered Engineer's Name W Brooks  
Gas Safe Register Licence Number 4788459  
Business D. Price Plumbing Heating  
Address Cilméri,  
Abercanaid, Merthyr Tydfil.  
Postcode CF48 1YS  
Contact No. 07786106272

## Details of Site

Name (Mr/Mrs/Miss/Ms): D. WATKINS  
Address: 196 MACKINTOSH AVE  
ROATH  
CARDIFF  
Post Code: CF24 4RT.  
Contact Number:

## Details of Landlord / Homeowner

Name (Mr/Mrs/Miss/Ms): D WATKINS  
Address: 6 WIDGEON CLOSE  
NOTTAGLE  
PORTHALL  
Post Code: CF36 3QE  
Contact Number: 07977906186

Number of Appliances Tested: 3

## APPLIANCE DETAILS

	Location of	Type	Manufacturer	Model	Owned by Landlord / Homeowner Yes / No	Inspected Yes / No	Type of Flue
1	KITCHEN	COMBI	FERROLI	MOD 80	L/L	Y	RSE
2	"	HOB	DIPLOMAT	SELECT	L/L	Y	-
3	"	HOB	DIPLOMAT	SELECT	L/L	Y	-
4							

## INSPECTION DETAILS

	Operating Pressure in mbar and / or heat input kW/or Btu/h	Operation of safety device(s) Pass / Fail / NA	Ventilation satisfactory Yes / No	Visual condition of flue and termination Pass / Fail / NA	Flue operation checks Pass / Fail / NA	Combustion analyser reading (if applicable)	Serviced Yes / No	SAFE TO USE YES / NO
1	25.8KW	P	Y	P	P	-	N	YES
2	20.5 m	P	Y	-	-	-	N	YES
3	20.5 m	P	Y	-	-	-	N	YES
4								

## DEFECT(S) IDENTIFIED

1	
2	
3	
4	

## REMEDIAL ACTION TAKEN Numbers should correspond to numbers above

1	
2	
3	
4	

## DETAILS OF WORK CARRIED OUT


\*Refer to separate Warning / Advice Notice

Tick appropriate box

	Pass	Fail	N/A
Outcome of gas installation pipework visual inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outcome of gas supply pipework visual inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Control Valve access satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure drop of gas tightness test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of Equipotential bonding satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record issued by: Signature W Brooks  
Print Name: W Brooks  
Received by: Signature \_\_\_\_\_ Tenant / Landlord / Homeowner / Agent  
Date of Appliance(s) / Flue(s) Checked: 9.2.21

## ATTENTION

Next Safety Check  
Due by:

9.2.22