LANDLORD/HOME OWNER GAS SAFETY RECORD

Regin

Report Ref No: 45C 2536735

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

REGISTERED BUSINESS DETAILS

Reg No: 5[illegible]830
Company: A Summers Plm+Htg
Address: Little Witchwood
Rosemarket
Postcode: SA73 1JT
Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:
Address: Moat House
Llawhaden
Narberth
Pembs.
Postcode: SA67 8HL Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: Mrs K Frost
Address: Westbourne House
Poyle Lane
Burnham. Bucks.
Postcode: SL1 8JZ Tel:

Number of appliances tested: 2.

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Kitchen	Worcester 30si	CHB	RS	33mb	Yes	—	—	0.0011	0.0008	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes
2	Kitchen	Gas Hob.	CKR	FL	35mb	Yes	—	—	—	—	—	—	Yes	Yes	Yes	Yes	No	Yes
3																		
4																		
5																		

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes ✓ No ___ Emergency Control Accessible: Yes ✓ No ___ Satisfactory Gas Tightness Test: Yes ✓ No ___ Equipotential Bonding Satisfactory: Yes ✓ No ___

GIVE DETAILS OF ANY FAULTS / RECTIFICATION WORK CARRIED OUT

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED * Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1				
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes ✓ No ___ N/A ___ Are CO Alarms in Date: Yes ✓ No ___ N/A ___ Testing of CO Alarms Satisfactory: Yes ✓ No ___ N/A ___ Smoke/Heat Alarms Located & Fitted correctly**: Yes ✓ No ___ N/A ___

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 5/9/24

ISSUED BY (GAS ENGINEER)

Print Name: A Summers Signed:
Licence No: Issue Date: 5-9-23

RECEIVED BY

Received By: (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit ✓
Signed: Print Name:

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452303

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45

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