

Serial No

8486 664728

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 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a 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.gassafesafety.co.uk or by calling 0800 408 5500.

gas safe
REGISTER

Gas safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 58532
Registered Engineer's Name USMAN ASIF
Gas Safe Register Licence Number 16
Business VA GAS SERVICE
Address 61 Whitten Road
Postcode RG2 9PB
Contact No 01875 40005

Details of Site

Name (Mr/Mrs/Miss/Ms) Mr/Mrs/Miss/Ms
Address 7 Belgrave Street
Postcode Reading
Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms)
Address
Postcode
Contact No

Number of Appliances tested

Outcome of gas installation pipework visual inspection? Pass
Outcome of gas supply pipework visual inspection? Pass
Is the Emergency Control Valve access satisfactory? Pass
Outcome of gas tightness test? Pass
Is the Protective Equipotential bonding satisfactory? Pass

Appliance Details

	Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	boiler	Boiler	Stowman	3DSX1		Yes	Yes	ES
2								
3								
4								

Inspection Details

	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	SAFE TO USE
1	20mbar	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	0.000	NO	Yes/No
2								Yes/No
3								
4								

Optional CO/Smoke Alarm Test Details

Requested to test	CO Alarm	Smoke Alarm
(if fitted) Location	(if fitted) Location	(if fitted) Location
Pass ☐ Fail ☐	Pass ☐ Fail ☐	Tested
Pass ☐ Fail ☐	Pass ☐ Fail ☐	Pass ☐ Fail ☐
Pass ☐ Fail ☐	Pass ☐ Fail ☐	Pass ☐ Fail ☐
Pass ☐ Fail ☐	Pass ☐ Fail ☐	Pass ☐ Fail ☐

Safety Related Defect(s) Identified

	GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1		
2		
3		
4		

Remedial Action Taken

	numbering should correspond to defects above.
1	
2	
3	
4	

Details of Work carried out, or Further Action Required

select as appropriate and relevant

Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA

Record issued by: Signature

Print Name

Received by: Signature

Date appliance(s)/flue(s) checked

ATTENTION

Next safety check due by:

7.11.28