



# 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: **RB00117**

| DETAILS OF THE CONTRACTOR |  | DETAILS OF THE INSTALLATION |   | DETAILS OF THE CLIENT/LANDLORD |  |
|---------------------------|--|-----------------------------|---|--------------------------------|--|
| Trading Title:            | Priority Home Service Limited  | Installation Address:       | Rented<br>Flat B<br>112 John Street<br>Sheffield<br>Post Code: S2 | Client Address:                | West One Accommodation (West One)<br>14 Fitzwilliam Street<br>Sheffield<br>Post Code: S1 4JL |
| Address:                  | Unit 4, Neepsend Triangle<br>1 Burton Road<br>Sheffield<br>Post Code: S3 8BW | Telephone No:               | 0330 9991999  | Telephone No:                  | 01142722400  |
| Gas Safe No:              | 539093   | Telephone No:               | 0330 9991999  | Telephone No:                  | 01142722400  |

| APPLIANCE DETAILS |          |                |       |                     |           |                      |                     |
|-------------------|----------|----------------|-------|---------------------|-----------|----------------------|---------------------|
|                   | Location | Appliance Type | Make  | Model               | Flue Type | Landlord's Appliance | Appliance Inspected |
| 1                 | Bathroom | Chb            | Ideal | Logic plus combi 30 | RS        | Yes                  | Yes                 |
| 2                 |          |                |       |                     |           |                      |                     |
| 3                 |          |                |       |                     |           |                      |                     |
| 4                 |          |                |       |                     |           |                      |                     |

| INSPECTION DETAILS |                             |  |                                     |                                    |   |                       |                    | AUDIBLE CO ALARM      |                          |                     |                                  |
|--------------------|-----------------------------|--|-------------------------------------|------------------------------------|---|-----------------------|--------------------|-----------------------|--------------------------|---------------------|----------------------------------|
|                    | Combustion Analyser Reading | Operating Pressure in mbar or heat input in kW | Safety Devices(s) Correct Operation | Ventilation Provision Satisfactory | Visual Condition of Flue and Termination Satisfactory | Flue Performance Test | Appliance Serviced | Appliance Safe To Use | Approved CO alarm fitted | Is CO alarm in date | Testing of CO alarm satisfactory |
| 1                  | 0008                        | 27.94  | Yes                                 | Yes                                | Yes   | N/A                   | Yes                | Yes                   | Yes                      | Yes                 | Yes                              |
| 2                  |                             |  |                                     |                                    |   |                       |                    |                       |                          |                     |                                  |
| 3                  |                             |  |                                     |                                    |   |                       |                    |                       |                          |                     |                                  |
| 4                  |                             |  |                                     |                                    |   |                       |                    |                       |                          |                     |                                  |

| DEFECT(S) IDENTIFIED |  |  |  | REMEDIAL ACTION TAKEN |  |  |  | NOTICE & LABEL ISSUED |
|----------------------|--|--|--|-----------------------|--|--|--|-----------------------|
| 1                    |  |  |  |                       |  |  |  |                       |
| 2                    |  |  |  |                       |  |  |  |                       |
| 3                    |  |  |  |                       |  |  |  |                       |
| 4                    |  |  |  |                       |  |  |  |                       |

|  |             |  |            |                                   |                   |
|--|-------------|--|------------|-----------------------------------|-------------------|
| Outcome of gas installation pipework visual inspection | <b>PASS</b> | Is the Emergency Control Valve access satisfactory   | <b>YES</b> | Outcome of gas tightness test     | <b>PASS</b>       |
| Outcome of gas supply pipework visual inspection       | <b>PASS</b> | Is the Protective Equipotential bonding satisfactory | <b>YES</b> | NEXT INSPECTION DUE ON OR BEFORE: | <b>24/06/2016</b> |

|                   |                           |            |         |  |                 |            |            |         |
|-------------------|---------------------------|------------|---------|--|-----------------|------------|------------|---------|
| <b>SIGNATURES</b> | Report Issued By: Name:   | Rich Baker | Signed: |  | Date Inspected: | 24/06/2015 | Gas ID No: | 3498362 |
|                   | Report Received By: Name: |            | Signed: |  | Date Received:  |            |            |         |