

Ref. No:
9185844

To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5500 or www.gassaferegister.co.uk

GAS SAFETY INSPECTION

gasfm.co.uk



This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

Details Of Registered Business		Job Address	Landlord/Agent Address
Business Name: ELEMENT CUS	Name: WEST ONE	Name:	
Gas Safe No: 578804	Address: BROOMGROVE APTS	Address:	
Engineer Name: MARK WHITHAM	9 BROOMGROVE RD		
Gas Safe ID Card No: 4234442	SHEFFIELD		
Address: 6 WOSTONHOLM RD	S10 2LW		
SHEFFIELD S71LJ		Tel No:	
Tel No: 0114 3216446	Tel No: 0114 2134780	Is Accommodation Rented? (Y/N)	

EMERGENCY CONTROLS / GAS PIPEWORK / TIGHTNESS			
	Yes	No	Comments / Details / Observations
Is the emergency control positioned correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	TESTED BEHIND APPLIANCES
Is the emergency control valve easily accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the emergency control clearly labelled?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Is the equipotential bonding satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Satisfactory gas tightness test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

	Appliance 1		Appliance 2		Appliance 3		Appliance 4	
	Yes	No	Yes	No	Yes	No	Yes	No
Is there adequate ventilation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the heat input / burner pressure set correctly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satisfactory flue/outlet system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the appliance safe to use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments	M/N ^o 3065 S/N ^o 1204019604		M/N ^o 3065 S/N ^o 1206007869		M/N ^o 3065 S/N ^o 1206007871			

	Defect(s) Identified	Remedial Work Undertaken
1		
2		
3		
4		

Is this gas installation safe to use? (Y/N) YES	Has a Warning Advice Notice been issued? (Y/N/NA)
Have appropriate warning labels been attached? (Y/N/NA) NO	If yes enter serial number:

Received By: Mollie Whiteley - Gnt	Issued by: MARK WHITHAM
Print Name: Dubat efet	Signature: M. Whitham
Date: 21/5/18	Date: 21/5/18