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:

DETAILS OF THE CONTRACTOR

Trading Title: Priority Home Service Limited

Address: Unit 4, Neepsend Triangle
1 Burton Road
Sheffield
Post Code: S3 8BW

Gas Safe No: 539093 Telephone No: 0330 9991999

DETAILS OF THE INSTALLATION

Installation Address: Rented
180 a Crookesmoor Road
Sheffield
Post Code: S6 3FS

Telephone No: N/A

DETAILS OF THE CLIENT/LANDLORD

Client Address: West One Accomodation (West One)
14 Fitzwilliam Street
Sheffield
Post Code: S1 4JL

Telephone No: 01142722400

APPLIANCE DETAILS

	Location	Appliance Type	Make	Model	Flue Type	Landlord's Appliance	Appliance Inspected
1	Bedroom	Chb	Ideal	Logic max combi c30 4734957	RS	Yes	Yes
2	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A	N/A	N/A	N/A

INSPECTION DETAILS

	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
1	0010,8.90,89	32.22kw	Yes	Yes	Yes	N/A	Yes	Yes
2	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
3	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

AUDIBLE CO ALARM

	CO alarm fitted	Is CO alarm in date	Testing of CO alarm satisfactory
1	Yes	Yes	Yes
2	N/A	N/A	N/A
3	N/A	N/A	N/A
4	N/A	N/A	N/A

	DEFECT(S) IDENTIFIED	REMEDIAL ACTION TAKEN	NOTICE & LABEL ISSUED
1	N/A	N/A	N/A
2	N/A	N/A	N/A
3	N/A	N/A	N/A
4	N/A	N/A	N/A

Outcome of gas installation pipework visual inspection: PASS
Outcome of gas supply pipework visual inspection: PASS
Is the Emergency Control Valve access satisfactory: YES
Is the Protective Equipotential bonding satisfactory: YES
Outcome of gas tightness test: PASS
NEXT INSPECTION DUE ON OR BEFORE: 02/10/2020

SIGNATURES

Report Issued By: Name: Rich Baker Signed: Date Inspected: 02/10/2019 Gas ID No: 3498362

Report Received By: Name: Signed: Date Received: