

GAS ENGINEER'S DETAILS

LANDLORD/HOME OWNER GAS SAFETY RECORD

interpart

Reg. Trading Title: ALPK GAS SAFE REG No: 569981
 Company Address: 33 OAK ST
 Engineer Name: STEWART STEWART
 Postcode: 58 0 5 Tel: 3000197
 ID Card No: 3000197

I certify that I carried out inspections of the appliances detailed below.
 Signed: [Signature] Inspection Date: 2.10.15

INSPECTION/INSTALLATION ADDRESS

Name & Title: Blairn Spoor
 Address: Blairn Spoor
 Postcode: 5 10 Tel: 5 10

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.

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

Name & Title: _____
 Address: _____
 Postcode: _____ Tel: _____

APPLIANCE DETAILS										FLUE TESTS			INSPECTION DETAILS			
Location	Make	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	Combustion reading (if applicable)	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 serviced Yes/No	Appliance safe to use Yes/No
1 Laundry	SIA	88	Direct	ADP	15.09	Y ³¹	NA	DA	DA	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹
2 Laundry	SIA	88	Direct	ADP	16.11	Y ³¹	DA	DA	DA	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹
3 Laundry	SIA	88	Direct	ADP	16.11	Y ³¹	DA	DA	DA	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹	Y ³¹
4																
5																

GIVE DETAILS OF ANY FAULTS

Gas Installation	Satisfactory Visual Inspection:	Yes	No	Emergency Control Accessible:	Yes	No	Satisfactory Gas Tightness Test:	Yes	No	Equipotential bonding satisfactory:	Yes	No
		<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"/>

RECTIFICATION WORK CARRIED OUT

Number of appliances tested: Three NEXT SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

NO REPAIRS REQUIRED

STATUS OK

This record is issued by: [Signature] Signed: [Signature] Print name: [Signature] Date: 2.10.15
 Received on behalf of the Landlord/Home Owner: _____ Signed: _____ Date: 2.10.15

Reg. Trading Title
Company
Address
Postcode
Engineer Name

HLR
33 ONE ST
HARBURY
SARSTON
S8 9US
A. Keyes
ID Card No 3661197

GAS SAFE REG No: 589981

I certify that I carried out inspections of the appliances detailed below.
Signed: A. Keyes
Inspection Date: 25/10/15

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.

INSPECTION/INSTALLATION ADDRESS

Name & Title
Address
Postcode
Tel:

Green Road

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

Name & Title
Address
Postcode
Tel:

APPLIANCE DETAILS

Location	Make	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	Combustion reading (if applicable)	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 serviced Yes/No	Appliance safe to use Yes/No
1	Plumet Rec	Combit 2	OF	RS	6.4	Yes	Pass	OK	-	Yes	Pass	Yes	Yes	Yes	Do	Yes
2	Plumet Rec	Combit 2	OF	RS	6.4	Yes	Pass	OK	-	Yes	Pass	Yes	Yes	Yes	Do	Yes
3	Plumet Rec	Combit 2	OF	RS	6.4	Yes	Pass	OK	-	Yes	Pass	Yes	Yes	Yes	Do	Yes
4																
5																

FLUE TESTS

INSPECTION DETAILS

Gas Installation 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

1	2	3	4	5

Number of appliances tested: NEXT SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by: Signed: Print name: Date:

Received on behalf of the Landlord/Home Owner: Signed: Date: