

Serial No  
**LAC 419243**

# 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.gassafetyregister.co.uk](http://www.gassafetyregister.co.uk) or by calling 0800 408 5500.

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



### Details of Registered Business

Gas Safe Register No 657958  
 Registered Engineer's Name Wayne Astor  
 Gas Safe Register Licence Number 4978382  
 Business Excuse P+BLTD  
 Address 17A SANDWICH RD  
INTAKE  
 Postcode DN2 5TH.  
 Contact No \_\_\_\_\_

### Details of Site

Name (Mr/Mrs/Miss/Ms) UNOCCUPIED  
 Address 46 CROSS BANK  
DONCASTER  
 Postcode DN24 8BE  
 Contact No \_\_\_\_\_

### Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) NORTHOODS  
 Address 17A SANDWICH RD  
INTAKE  
 Postcode DN2 5TH.  
 Contact No \_\_\_\_\_

Number of Appliances tested 2

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

select as appropriate and relevant  
 Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA  
 Pass / Fail / NA

### Appliance Details

Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/homeowner Yes/No	Inspected Yes/No	Type of flue
1 Kitchen	Cambi	IDEAL	INSTANT	N/A	YES	YES	45
2 Kitchen	Hobs	SELEC	4 QUAR	N/A	YES	YES	45
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	CO Alarm fitted	CO Alarm tested (if fitted)	SAFE TO USE
1 21.5mb	PASS	YES	PASS	PASS	0010	YES	NO	N/A	YES
2 22mb	PASS	YES	N/A	N/A	N/A	NO	NO	N/A	YES
3									
4									

### Safety Related Defect(s) Identified

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

### Details of Work carried out


\* Refer to separate Warning/Advisory Record

Record issued by: Signature [Signature]  
 Print Name WAYNE ASTOR  
 Received by: Signature [Signature]  
 Date appliance(s)/flue(s) checked 29/7/21

**ATTENTION**  
 Next safety check due by: 29/7/22