

# LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title) <b>P K S PLUMBING LTD</b>		Gas Safe Register No:	<b>668807</b>
Name:	<b>P SATCHEL</b>	Gas Installer Ref. No.:	<b>5366929</b>
Address:	<b>9 HANOR VILLAS WICKHAM</b>	Date of Issue:	<b>4-10-22</b>
Post code:	<b>PO17 5DB</b>	Time of Issue:	
Tel:		Engineers Name: (print)	<b>K. SATCHEL</b>


TENANT/HOME OWNER DETAILS	
Tenant/Home Owner* Name:	
Property Address:	<b>38 COLLINGWOOD ROAD SOUTHSEA</b>
Post Code	<b>PO5 2QZ</b> Tel:
Tenant/Home Owner* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LANDLORD/AGENT DETAILS (if applicable)	
Landlord/Agent* Name:	<b>SKB LETTINGS</b>
Address:	<b>4 EDENBRIDGE WAY SARISBURY GREEN</b>
Post Code	<b>SO31 7LS</b> Tel:
Landlord/Agent* present during inspection	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

APPLIANCE DETAILS				INSPECTION DETAILS						FLUE TEST				RESULTS				
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 <b>CLOAK ROOM</b>	<b>BAXI</b>	<b>DUOTEK</b>	<b>COMBI</b>	<b>R/S</b>	<b>N/A</b>	<b>30</b>	<b>YES</b>	<b>YES</b>			<b>PASS</b>	<b>PASS</b>	<b>YES</b>	<b>PASS</b>	<b>00004</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	1	2	1	2	Yes	No
1		1					
2		2					
3		3					
4		4					
5		5					

Outcome of gas installation pipework visual inspection?	Pass / Fail / <del>NA</del>
Outcome of gas supply pipework visual inspection?	Pass / Fail / <del>NA</del>
Is the Emergency Control Valve access satisfactory?	Pass / Fail / <del>NA</del>
Outcome of gas tightness test?	Pass / Fail / <del>NA</del>
Is the Protective Equipotential bonding satisfactory?	Pass / Fail / <del>NA</del>

This Safety Record is issued by Gas Installer: (SIGNED) 

Received on behalf of Landlord / Home Owner: (SIGNED)

Tenant/Landlord/Agent/Home Owner\*

Number of appliances tested: **ONE**

Date: **4-10-22**

**ATTENTION**  
Next safety check due by:

**4/10/23**