

Serial No
LAC 356959

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 (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.gassaferegister.co.uk or by calling 0800 408 5500.



Details of Registered Business

Gas Safe Register No 663673
 Registered Engineer's Name Naim Aziz
 Gas Safe Register Licence Number 4991878
 Business (U) Naim Contractor Ltd
 Address 28 Cornwall Road
Heald Green, Chaddle
 Postcode SK8 3EE
 Contact No 07984164604

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
 Address 63 Hanover Street
Wernington
 Postcode WA1 1LZ
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) _____
 Address _____
 Postcode _____
 Contact No _____

Number of Appliances tested

Outcome of gas installation pipework visual inspection? select as appropriate and relevant
 Outcome of gas supply pipework visual inspection? Pass / ~~Fail~~ / NA
 Is the Emergency Control Valve access satisfactory? Pass / ~~Fail~~ / NA
 Outcome of gas tightness test? Pass / ~~Fail~~
 Is the Protective Equipotential bonding satisfactory? Pass / ~~Fail~~

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	Baker	Vokera	Vision 25C		Yes	Yes	RS
2							
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 16.41W Bar	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	(if applicable)	Yes/No	Yes/No	Pass/Fail/NA	Yes/No
2									
3									
4									

Safety Related Defect(s) Identified

1 Flue not connected externally.
 2 Filling loop needs replacing.
 3 Faulty Barle display component.
 4

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out

1 _____
 2 _____
 3 _____
 4 _____

* Refer to separate Warning/Advisory Record

ATTENTION

Next safety check due by:

Record issued by: Signature [Signature]
 Print Name Naim Aziz
 Received by: Signature _____
 Date appliance(s)/flue(s) checked 08-01-22