Serial No:
866312

GAS SAFETY RECORD

This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered businessor that the installation complies with relevant Building Regulations. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

C.S. JOHNSON PLUMBING & HEATING SOLUTIONS
PLUMBING • GAS • ELECTRICS

GAS safe REGISTER

Details Of Registered Business	Job Address	Landlord/Agent Address
C.S.Johnson Plumbing & Heating Solutions	Name:	Name: CENTRAL PROPERTIES
Gas Safe Reg No: 529395	Address: 62 FINCHLEY RD	Address: 100 BIRCHFIELDS RD
19 Cambridge Road, Gatley	FALLOWFIELD	FALLOWFIELD
Engineer Name: Carl Johnson	MANCHESTER M14 6EW	MANCHESTER M14 6PH
ID Card No: 3162676	Tel No:	Tel. No: 0776890 5999
Tel No: 07580100400 ANDY THOMPSON 532206	Is Accomodation Rented? (Y/~~N~~)	No. Of Appliances Tested: 1

Gas Installation Pipework	Satisfactory Visual Inspection (Y/~~N~~)	Emergency Control Accessible (Y/~~N~~)	Satisfactory Gas Tightness Test (Y/~~N~~)	Equipotential Bonding Satisfactory (Y/~~N~~)

Appliance Details

	Appliance Location	Appliance Make	Appliance Model	Appliance Type	Type of Flue (OF/RS/FL)	Landlords Appliance Y/N	Appliance Inspected Y/N
1	KITCHEN	WORCESTER	37 CDI	COMBI	RS	Y	Y
2							
3							
4							
5							

Inspection Details

	Working Pressure in mbar or heat input kW/Btu/h	Are Safety Devices Working? (Y/N)	Satisfactory Ventilation? (Y/N)	Flue Visual Condition (Pass/Fail/NA)	Flue Performance Checks (Pass/Fail/NA)	Opening Combustion analyser reading CO:CO2 ratio / Co2 / CO	Closing Combustion analyser reading CO:CO2 ratio / Co2 / CO	Appliance Serviced? Y/N	Appliance Safe To Use? (Y/N)
1	20mm	Y	Y	PASS	NA		0.0004 57mm 10%	N	Y
2									
3									
4									
5									

	Defect(s) Identified	Remedial Work Undertaken	Warning Advice Issued (Y/N)
1			
2			
3			
4			
5			

Received By: [signature]		Issued by: [signature]	
Print Name:	Date:	Print Name: A. THOMPSON	Date: 14/10/14

The Next Gas Safety Check Must Be Completed By: 14/10/15

Top Copy: Agent/Landlord Middle Copy: Tenant Bottom Copy: Engineer

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