

# LANDLORD/HOME OWNER GAS SAFETY RECORD

Serial No: **P45 1927760**

| REGISTERED BUSINESS DETAILS                                    |         | Reg No:       |
|--|---------|---------------|
| Gas Engineer: <b>CARE JOHNSON</b>                              |         | <b>529395</b> |
| Gas Safe registered engineer No: <b>316 2676</b>               |         |               |
| Company: <b>C. S. JOHNSON PLUMBING &amp; HEATING SOLUTIONS</b> |         |               |
| Address: <b>19 CAMBRIDGE ROAD, GATLEY, CHESTER</b>             |         |               |
| Postcode: <b>SK8 4AE</b>                                       | Tel No: |               |

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.

I certify that I carried out inspections on the appliances detailed below.

Signed: \_\_\_\_\_ Inspection Date: \_\_\_\_\_

| LANDLORD (OR AGENT) NAME & ADDRESS (if applicable) |   |
|--|---|
| Name & Title:                                      | <b>CENTRAL PROPERTIES</b>                   |
| Address:   | <b>100 BIRCH FIELDS RD,<br/>FALLOWFIELD</b> |
| Post Code:   | <b>M14 6PH</b>                              |
| Tel:   | <b>07768705999</b>                          |

| INSPECTION/INSTALLATION ADDRESS |  |
|---------------------------------|--|
| Name & Title:                   |  |
| Address:                        | <b>2 TAY MEWS HEATON MERSEY,<br/>STOCKPORT</b> |
| Post Code:                      | <b>SK4 3DX</b>                                 |
| Tel:                            |  |

| APPLIANCE DETAILS |          |           |       |      |                       |   | FLUE TESTS  |                                  |   | INSPECTION DETAILS                                   |  |   |                                   |                                      |                     |                                 |                                    |
|-------------------|----------|-----------|-------|------|-----------------------|---|---|----------------------------------|---|--|--|---|-----------------------------------|--------------------------------------|---------------------|---------------------------------|------------------------------------|
|                   | Location | Make      | Model | Type | Flue type<br>OF/RS/FL | Operating pressure in<br>Mbar or<br>heat input<br>kW/h or Btu/h | Safety device(s)<br>correct<br>operation<br>Yes/No/NA | Spillage<br>test<br>Pass/Fail/NA | Smoke<br>pellet flue<br>flow test<br>Pass/Fail/NA | Combustion<br>analyser<br>reading (if<br>applicable) | Satisfactory<br>termination<br>Yes/No/NA | Flue<br>visual<br>condition<br>Pass/Fail/NA | Adequate<br>ventilation<br>Yes/No | Landlord's<br>appliance<br>Yes/No/NA | Inspected<br>Yes/No | Appliance<br>serviced<br>Yes/No | Appliance<br>Safe to Use<br>Yes/No |
| 1                 | KILLEN   | WORCESTER | 30Si  | BOIL | RS                    | 31.2kw  | YES   | PASS                             | N/A   | 0.007  | YES                                      | PASS  | YES                               | YES                                  | YES                 | YES                             | YES                                |
| 2                 |          |           |       |      |                       |   |   |                                  |   |  |  |   |                                   |                                      |                     |                                 |                                    |
| 3                 |          |           |       |      |                       |   |   |                                  |   |  |  |   |                                   |                                      |                     |                                 |                                    |
| 4                 |          |           |       |      |                       |   |   |                                  |   |  |  |   |                                   |                                      |                     |                                 |                                    |
| 5                 |          |           |       |      |                       |   |   |                                  |   |  |  |   |                                   |                                      |                     |                                 |                                    |

Gas Installation Pipework: 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 |  | WARNING NOTICE ISSUED<br>Yes/No/NA | * WARNING TAG OR STICKER FIXED<br>Yes/No/NA |
|----------------------------|------|--------------------------------|--|------------------------------------|---|
| 1                          | NONE | NONE                           |  | NO                                 | NO  |
| 2                          |      |                                |  |                                    |   |
| 3                          |      |                                |  |                                    |   |
| 4                          |      |                                |  |                                    |   |
| 5                          |      |                                |  |                                    |   |

**NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS**

Number of appliances tested: 001

This record is issued by: Signed: Print Name: CARE JOHNSON Date: 28/10/13

Received on behalf of the Landlord/Home Owner: Signed: B. Mandy Tenant/Agent/Landlord/Home Owner (Delete as applicable) Date: 29/10/13

## Landlord/Home Owner Gas Safety Check List

1. Check with the occupant to determine if they have had any problems with the gas installation/appliance(s).
2. Check that all gas appliances have an adequate supply of air.
3. Ensure the effective operation of appliance, control taps, ignition system and any supervision devices fitted.
4. Inspect the flame picture of any burner(s).
5. Check clearances from combustible materials e.g. kitchen cupboards etc.
6. Ensure stability of the appliance (including supply of bracket or hook and chain on gas cookers).
7. Inspect gas installation pipework and where appropriate any flexible connection(s).
8. **Open-flues**
  - i) Check the condition and full route of the flue. Where applicable, ensure any terminal/chimney pot fitted is suitable.
  - ii) Inspect the appliance flue connection to any flue-liner or chimney. In the case of a back boiler installation, check that all pipe ducts or voids entering the builder's opening, including the annular space around any flue liner/flue connection, are sealed.
  - iii) Perform a flue flow check.
  - iv) For a gas fire, inspect and clear the catchment space. Check that any dampers have been removed or fixed in the open position.
  - v) Using any guidance given in the manufacturer's instructions; test the appliance for spillage.
9. **Room-sealed appliances**
  - i) Inspect case and sight glass seal on appliance, replace if necessary.
  - ii) Check position of terminal, clearances from corners, vegetation etc. Ensure terminal guard is fitted as appropriate.
10. Check the operating pressure or heat input rate or, where necessary, ensure both are correct.
11. Test all controls to ensure operation is satisfactory.
12. Test all disturbed gas connections for tightness using leak detection fluid. Carry out a full gas tightness test if necessary.
13. Inform the gas user of any further work required or make recommendations as necessary.