

Serial No:  
866318

# 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 business or 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.



| Details Of Registered Business                       | Job Address                     | Landlord/Agent Address             |
|--|---------------------------------|------------------------------------|
| <b>C.S. Johnson Plumbing &amp; Heating Solutions</b> | Name:                           | Name: <i>CENTRAL PROPERTIES</i>    |
| Gas Safe Reg No: 529395                              | Address: <i>5 LEIGHBROOK RD</i> | Address: <i>100 BIRCHFIELD RD</i>  |
| 19 Cambridge Road, Gatley                            | <i>FALLOWFIELD</i>              | <i>FALLOWFIELD</i>                 |
| Engineer Name: Carl Johnson                          | <i>MANCHESTER M14 6BG</i>       | <i>MANCHESTER M14 6PH</i>          |
| ID Card No: 3162676                                  | Tel No:                         | Tel. No: <i>07768 905999</i>       |
| Tel No: 07580100400 <i>ANDY THOMPSON 532206</i>      | Is Accommodation Rented? (Y/N)  | No. Of Appliances Tested: <i>1</i> |

|                           |   |   |  |   |
|---------------------------|---|---|--|---|
| Gas Installation Pipework | Satisfactory Visual Inspection (Y/N) <i>Y</i> | Emergency Control Accessible (Y/N) <i>Y</i> | Satisfactory Gas Tightness Test (Y/N) <i>Y</i> | Equipotential Bonding Satisfactory (Y/N) <i>Y</i> |
|---------------------------|---|---|--|---|

| 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                 | <i>BATHROOM CUPBOARD</i> | <i>WORCESTER</i> | <i>281 JONICA</i> | <i>COMB</i>    | <i>RS</i>               | <i>X</i>                | <i>Y</i>                |
| 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                  | <i>20.2</i>                                     | <i>Y</i>                          | <i>Y</i>                        | <i>PASS</i>                          | <i>NA</i>                              | <i>0.0004 46em 10.2/0</i>                                   | <i>---</i>  | <i>N</i>                | <i>Y</i>                     |
| 2                  |   |                                   |                                 |                                      |  |   |   |                         |                              |
| 3                  |   |                                   |                                 |                                      |  |   |   |                         |                              |
| 4                  |   |                                   |                                 |                                      |  |   |   |                         |                              |
| 5                  |   |                                   |                                 |                                      |  |   |   |                         |                              |

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

|                                |                       |                                |                       |  |
|--------------------------------|-----------------------|--------------------------------|-----------------------|--|
| Received By: <i>Chris FINE</i> | Date: <i>14/10/14</i> | Issued by: <i>A. Thompson</i>  | Date: <i>14/10/14</i> | The Next Gas Safety Check Must Be Completed By:<br><i>14/10/15</i> |
| Print Name: <i>Chris Fine</i>  |                       | Print Name: <i>A. Thompson</i> |                       |  |