

Serial No:  
866330

# 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> Gas Safe Reg No: 529395 19 Cambridge Road, Gatley Engineer Name: Carl Johnson ID Card No: 3162676 Tel No: 07580100400 ANDY THOMPSON 532206	Name:	Name: CENTRAL PROPERTIES
	Address: 57 BRINGTON GROVE RUSHOLME MANCHESTER M14 5JT	Address: 100 BIRCHFIELDS RD ALLOWFIELD MANCHESTER M14 6PH
	Tel No:	Tel. No: 07768905999
	Is Accomodation Rented? (Y/N)	No. Of Appliances Tested:

Gas Installation Pipework	Satisfactory Visual Inspection (Y/N) <input checked="" type="checkbox"/>	Emergency Control Accessible (Y/N) <input checked="" type="checkbox"/>	Satisfactory Gas Tightness Test (Y/N) <input checked="" type="checkbox"/>	Equipotential Bonding Satisfactory (Y/N) <input checked="" type="checkbox"/>
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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	COUAC	WORCESTER	30 CO	CONVENTIONAL BOILER	RS	Y	Y
2	CUAC	MILAN	300C	UNVENTED CY	NA	Y	Y
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	16.2	Y	Y	PASS	NA	---	0.00022 - 25.1 10%	N	Y
2	---	Y	ND	NA	ND	---	---	N	Y
3									
4									
5									

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

Received By: <i>[Signature]</i>	Issued by: <i>[Signature]</i>
Print Name: <i>[Signature]</i>	Print Name: A. THOMPSON
Date:	Date: 16/10/14

The Next Gas Safety Check Must Be Completed By:  
16 / 10 / 15