



Domestic/Landlord Gas Safety Record

Safety inspection and reporting carried out in accordance with Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure. No detailed internal inspection of flues (Integrity, Constructions and Lining) has been carried out.

Certificate Reference

130 Dickenson Road 5

Certificate No: Cert.788

Engineers Details

Trading Title: **PLUMBANDHEAT.ME**

Address: **132-134 Great Ancoats Street Manchester**
Post Code: **M4 6DE**

Gas Safe No: **559973** Telephone No: **07929854373**

Installation Details

Installation Address: **130 Dickenson Road Central Properties 130 Dickenson Road Rusholme Manchester**
Post Code: **M14 5HT**

Telephone No:

Client Details

Client Address: **Central Properties 100 Birchfields Road Fallowfield Manchester**
Post Code: **M146PH**

Telephone No: **01612243044**

Appliance Details

Inspection Details

Location	Appliance Type	Make	Model	CO2 Reading	CO Reading	Flue Type (OF/RS/FL)	Appliance Inspected (YES/NO/NA)	Combustion Analysis Reading (CO/CO2)	Landlords Appliance (YES/NO/NA)	Operating Pressure(mbar) or Heat Input(KW)	Safety Device(s) Correct Operation (YES/NO/NA)	Ventilation Provision Satisfactory (YES/NO)	Visual Condition Of Flue and Termination Satisfactory (YES/NO/NA)	Flue Performance Test (PASS/FAIL/NA)	Appliance Serviced (YES/NO/NA)	Appliance Safe To Use (YES/NO)
Utility	Central heating	Worcester	Greenstar 30 CDI	9.3	44	RS	YES	0.0005	YES	17.1 mbar	YES	YES	NO	PASS	NO	YES

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

1	Boiler. Auto air vent seeping, water marks on bottom of burner compartment. Ideally needs replacing to keep up with maintenance and stop any further problems in the future	Advised landlord	NA
2	Flue, terminal guard rusted and broken	Requires replacing	NA
3	Note, HEX pressure -4.3		NA
4			
5			

Emergency Control Valve accessible:

Gas Tightness Satisfactory:

Gas Installation Pipework Visual Inspection Satisfactory:

Number Of Appliances Tested:

Equipotential Bonding:

NEXT INSPECTION DUE ON OR BEFORE:

Installation Pass:

CO Alarm fitted and working?

Smoke alarm fitted and working?

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Signatures

Report Issued By:

Name:

Signed:

Date:

Report Received By:

Name:

Signed:

Date:

Gas ID Number: