



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

2 Tait Mews 5

Certificate No: Cert.797

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: **2 Tait Mews Central Properties 2 Tait Mews Heaton Mersey Stockport**
Post Code: **SK4 3DX**

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)
Kitchen	Combi boiler	Worcester	Greenstar 30 Si	9.6	80	RS	YES	0.0008	YES	18 mbar	YES	YES	YES	PASS	NO	YES

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

1	HEX pressure -5.7		NA
2	Water drip inside boiler from top, integrity of flue seems ok, maybe ingress of rain	Requires further investigation to safeguard boiler	NA
3			
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?

Signatures

Report Issued By:

Name:

Signed:

Gas ID Number:

Date:

Report Received By:

Name:

Signed:

Date: