

Serial No
LAC 711793

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.



Gas safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No _____
Registered Engineer's Name _____
Gas Safe Register Licence Number _____
Business _____
Address _____
Postcode _____
Contact No _____

Details of Site

Name (Mr/Mrs/Miss/Ms) _____
Address _____
Postcode _____
Contact No _____

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) _____
Address _____
Postcode _____
Contact No _____

Number of Appliances tested **2**

Appliance Details

	Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	COMPTON	Baler	MAN	COMBI 2500	E	Yes	Yes	12
2	COMPTON	163	COMBI	Silence	-	Yes	Yes	12
3								
4								

Inspection Details

	Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1	25	Pass	Yes	Pass	Pass	0.0010	Yes	Yes	Pass	Yes
2	25	Pass	Yes	Pass	Pass	-	Yes	Yes	Pass	Yes
3										
4										

Safety Related Defect(s) Identified

	GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1		
2		
3		
4		

Remedial Action Taken

1
2
3
4

Details of Work carried out

* Refer to separate Warning/Advisory Record

Outcome of gas installation pipework visual inspection? _____
Outcome of gas supply pipework visual inspection? _____
Is the Emergency Control Valve access satisfactory? _____
Outcome of gas tightness test? _____
Is the Protective Equipotential bonding satisfactory? _____

Pass / Fail / NA
Pass / Fail / NA
Pass / Fail
Pass / Fail / NA
Pass / Fail

Record issued by: Signature _____
Print Name _____
Received by: Signature _____
Date appliance(s)/flue(s) checked _____

22 OCT 2021

Tenant/Landlord/Homeowner/Agent

ATTENTION

Next safety
check due by:

See Notes A and B