

Landlord Gas Safety Record

Safety Inspection and reporting carried out in accordance with the Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure.

DETAILS OF CONTRACTOR				ADDRESS OF THE INSTALLATION				ADDRESS OF THE CLIENT/LANDLORD											
Company				Address				Address											
Address																			
Postcode																			
Gas Reg No																			
Engineer				Postcode				Postcode											
Telephone				Telephone Number				Telephone Number											
ID Card No																			
APPLIANCE DETAILS				INSPECTION DETAILS															
No	Location	Appliance Type	Make	Model	Flue Type OF/RS/FL	Landlord's appliance (if applicable) Yes/No/NA	Appliance Inspected Yes/No/Na	Combustion Analyser Reading (CO/CO2)	Operating pressure (mbars or inches)	Heat Input (Btu/h or 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)	Appliance Safe to USE (Yes/No)			
1																			
2																			
3																			
4																			
5																			
DEFECT(S) IDENTIFIED					REMEDIAL ACTION TAKEN											NOTICE & LABEL ISSUED			
1																			
2																			
3																			
4																			
5																			
Emergency control accessible				Gas tightness satisfactory				SIGNATURES											
Gas installation Pipework Visual inspection Satisfactory								Safety record issued by: Signed								Print Name:			
Number of appliance tested: Equipotential bonding								Received by:								Print Name:			
NEXT INSPECTION DUE ON OR BEFORE																Date:			