



Landlord Gas Safety Record

Cert. No:

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

Company / Installer

Engineer _____
 Company _____
 Address _____

 Post Code _____
 Tel No: _____
 Gas Safe Reg _____
 ID Card No. _____

Job Address

Name _____
 Address _____

 Post Code _____
 Tel No: _____

Customer / Landlord

Name _____
 Company _____
 Address _____

 Post Code _____
 Tel No: _____

Appliance Details

Inspection Details

ID	Location	Appliance Type	Make	Model	Flue Type	Landlords Appliance?	Appliance Inspected?	Operating Pressure (mbar)	Heat Input (kW/h)	High Combustion Reading			Low Combustion Reading			Safety device(s) correct operation	Ventilation Provision satisfactory	Visual condition of flue and termination satisfactory	Flue performance test	Appliance Serviced	Appliance safe to use
										Ratio	CO ppm	CO2 %	Ratio	CO ppm	CO2 %						
1																					
2																					
3																					
4																					
5																					
6																					

ID	Defects Identified	Label and warning notice issued?	CO Alarms	Smoke Alarms
1			CO Alarm(s) fitted? <input type="checkbox"/>	Smoke Alarm(s) fitted? <input type="checkbox"/>
2			CO Alarm(s) tested and satisfactory? <input type="checkbox"/>	Smoke Alarm(s) tested and satisfactory? <input type="checkbox"/>
3				
4				
5				
6				

- Emergency Control Accessible?
- Gas Tightness Satisfactory?
- Gas Installation Pipework Visual Inspection Satisfactory?
- Gas Inlet Working Pressure at the Meter _____
- Number of Appliances Tested _____
- Equipopotential Bonding?

Comments

Signatures

Issued By John Leeson _____
 Received By John Leeson _____
 Date _____

NEXT INSPECTION DUE ON OR BEFORE