Serial No. **APP1257156**

LANDLORD/HOME OWNER GAS SAFETY RECORD



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations.

The information recorded on this form does not confirm that the installation was installed by a Gas Safe registered engineer or that the installation complies with any relevant Building Regulations.

Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out.

Registered Business Details REG NO SULLY 9 Gas operative Molling (Print name) Operative licence No. 4390320 Company NA 2 HEATING Address Stammore. Postcode NA7 Tel No.07763631 buco					Job Address Name (Mr/Mrs/Miss/Ms) Address FLAT 4 Cumberland Court Postcode WITTPP Tel No.				rezunr sour di	Landlord (or where appropriate their agent) Name (Mr/Mrs/Miss/Ms) Golden Eagle Address 10 Portonan Street Markle Arch London Postcode WIW 602 Tel No. 0207495 (365) Number of appliances tested 2				
			7 - 47 - 5		A	PPLIANCE D	ETAILS					CNE TO A		
	Thurst carry out this gas i		Appliance type		Make		Model		to to sho	Landlord's applian Yes/No/NA		e inspected es/No	Flue type OF/RS/FL	
1 2		itchen Ho		pperenen sphiness using	Lorcest COA			Greenslar 24, J.		x Xes	yes yes		LEZ.	
3 4	neuessany,	ssary, both are correct.					(9)	(a) Check that an app Carbon Monowide		proved audible (T HE CA ME	na the pow	(ried)	
				ECTION DETAILS					AUDIBLE CO ALARM					
X I	operating pressure in mbar or heat input in kW	Initial combustion analyser reading (if applicable)	analyser reading (if applicable)	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Visual con chimney/te satisfactory \	rmination	Flue performance checks Pass/Fail/NA	serviced Yes/No	to use Yes/No	Approved CO alarm fitted Yes/No/NA	Is CO alarm in date Yes/No/NA	alarm satisfactory Yes/No/NA	
	SSKW	10-2 Xco2 N A	N A N A	Xes W/A	Xes XES	NI	A	NA	NO	YES Xt3	NO	NIA	NA	
1 2 3 4	(S) IDENTIFIED SHA HALLIS C PACE ILIS	uperation of supervision d	non system and	If Warning/Advice Notice issued insert serial No.*			Gas installation pipework satisfactory visual inspection Yes/No Emergency Control Valve (ECV) accessible Yes/No Satisfactory gas tightness test Yes/No/NA Protective equipotential bonding satisfactory Yes/No NEXT SAFETY CHECK DUE WITHIN 12 MONTHS							
REMED	IAL ACTION TAI	KEN						This Safety	Record issu	ued by: Signed		2		
1 2	check vviii installation	installation and appliance(s).							- Print Name: M. Rollind					
3 4	C Proposition Control								Received by: Signed TOCOLGS Tenant/Landlord/Agent/Home Owner Date appliance(s)/chimney(s) checked: 13/10/18					