



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. 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.

Serial No
AAA 027275

Details of Registered Business
 Gas Safe Register No 224684
 Registered Engineer's Name M.D. Mehn
 Gas Safe Register Licence Number 4014426
 Business 2 M Heating Engineers
 Address 7 Falcon Close
London
 Postcode W4 3AS
 Contact No 07776091423

Details of Site
 Name (Mr/Mrs/Miss/Ms) _____
 Address 30 Ferns Crescent
Knightsbridge
 Postcode SW1X 0LN
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)
 Name (Mr/Mrs/Miss/Ms) RL Property
 Address _____
 Postcode _____
 Contact No _____

Number of Appliances tested 1

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA

Outcome of gas supply pipework visual inspection? Pass / Fail / NA

Is the Emergency Control Valve access satisfactory? Pass / Fail / NA

Is the Protective Equipotential bonding satisfactory? Pass / Fail / NA

Appliance Details

Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 Kitchen	Gas hob	GASSENAL	no data base	yes	yes	FL
2						
3						
4						

Inspection Details

Operating pressure in mbar and/or kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	CO Alarm fitted	CO Alarm tested (if fitted)	SAFE TO USE
Pass/Fail/NA	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	(if applicable)	Yes/No	Yes/No	Pass/Fail/NA	Yes/No
1 3.5 kW Pass	Pass	yes	NA	NA	NA	NO	NO	NO	yes
2									
3									
4									

Defect(s) Identified

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

Remedial Action Taken numbering should correspond to defects above.

1 _____

2 _____

3 _____

4 _____

Details of Work carried out

1 _____

2 _____

3 _____

4 _____

ATTENTION
 Next safety check due by: 8/11/2018

Record issued by: Signature M Mehn
 Print Name M.D. Mehn
 Received by: Signature [Signature]
 Date appliance(s)/flue(s) checked 9/11/2017

Tenant/Landlord/Homeowner/Agent _____