

Serial No
LABWS620873

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 534123
 Registered Engineer's Name NASIR WAHID
 Gas Safe Register Licence Number 5148751
 Business INFAME
 Address 16 REEDFIELD
BURNLEY
 Postcode BB10 2NX
 Contact No 07809549731

Details of Site

Name (Mr/Ms/Miss/Ms) REBECCA BAILEY
 Address CHAPEL STREET
BURNLEY
 Postcode BB12 6RS
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Ms/Miss/Ms) RENT UK LTD
 Address TIME TECHNOLOGY SIMONE
STONE
BURNLEY
 Postcode BB12 7TY
 Contact No 01282 872699

Number of Appliances tested 1

Appliance Details

Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 <u>BATH COBARD</u>	<u>COMBI</u>	<u>MAIN</u>	<u>ECOFLITE25</u>		<u>YES</u>	<u>YES</u>	<u>RIS</u>
2							
3							
4							

Inspection Details

Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety devices	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 <u>25KW</u>	<u>PASS</u>	<u>YES</u>	<u>PASS</u>	<u>PASS</u>	<u>0.0006</u>	<u>NO</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>
2									
3									
4									

Safety Related Defects Identified

Number	Details of Work carried out	GIUSP classification eg. AR, ID	Warning/Advisory Record Insert form serial No*
1			
2			
3			
4			

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out

* Refer to separate Warning/Advisory Record

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
 Outcome of gas tightness test? Pass / Fail / NA
 Is the Protective Equipotential bonding satisfactory? Pass / Fail / NA

ATTENTION

Next safety check due by:

Record issued by: Signature NASIR WAHID
 Print Name NASIR WAHID
 Received by: Signature R. BACCH
 Date appliance(s)/flue(s) checked 01/06/22

Tenant/Landlord/Homeowner/Agent

See Notes A and B