



Job No:
 Invoice no:

GAS SAFETY INSPECTION

This form is not to be used as a Landlord's Gas Safety Record and the details recorded below do not confirm that the installation was installed by a Registered Installer or that the installation complies with Building Regulations.

Registered Business Details (REG NO) 11724
 Company Booth + Bonford Ltd
 Gas Operative Licence No. 3769092
 Address Unit 2 Mead Road
Cheltenham Glos
 Postcode GL537EF Tel No. 588220

Job Address
 Name (Mr/Mrs/Miss/Ms) Ghsuold District Council
 Address 44 Blackjack Street
Cirencester, Glos
 Postcode _____ Tel No. _____
 Rented accommodation state Yes or No

Gas Installation

	Yes/No	DETAILS
Is the installation gas tight?	<input checked="" type="checkbox"/>	<u>YES</u>
Have the correct materials been used in the installation?	<input checked="" type="checkbox"/>	<u>YES</u>
Is the installation pipework correctly sized?	<input checked="" type="checkbox"/>	<u>YES</u>
Where appropriate, has protective electrical bonding been carried out?	<input checked="" type="checkbox"/>	<u>YES</u>

Emergency Control(s)

	Yes/No	DETAILS
Is the emergency control valve(s) correctly positioned/accessible?	<input checked="" type="checkbox"/>	<u>YES</u>
Is the emergency control valve(s) labelled?	<input checked="" type="checkbox"/>	<u>YES</u>

Appliance Details

Type	Make	Model	Flue type OF/RS/FL	Chimney condition and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Is ventilation satisfactory? Yes/No	Operating pressure in mbars or heat input kW or Btu/h	Combustion analyser reading (if applicable)	Appliance safe to use Yes/No
<u>1st floor Cupboard</u>									
<u>Boiler N.C.</u>	<u>Vaillant</u>	<u>UCGB 242EH</u>	<u>R.S</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>	<u>11.0</u>	<u>YES</u>	<u>YES</u>
/									

Findings

Is the gas installation safe for use?	Yes/No		Yes/No
	<input checked="" type="checkbox"/>		<input type="checkbox"/>
If No, issue a Warning/Advice Notice (insert serial No.) <input type="text"/>		Have warning labels been affixed?	<input type="checkbox"/>
		Is any remedial work required?	<input type="checkbox"/>
			<input type="checkbox"/>

Details of remedial work required
Serviced as per manufacture instructions - OK

Gas user signature _____ Gas operative signature D Page
 Print name _____ Print name D PAGE
 Date _____ Date 3/8/16

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Mr/Mrs/Miss (Gas User)			LANDLORD/AGENT	Engineer's Corgi Reg. No.
Address			Address	Date of issue
Postcode				Time of issue
Home Tel No.			Tel No:	Issued by
Work Tel No.				Print name
				Job No. SW

WORK CARRIED OUT

THESE GAS SAFETY CHECKS MUST BE CARRIED OUT ANNUALLY BY A CORGI REGISTERED INSTALLER

TICK BOX

LANDLORD'S GAS SAFETY RECORD (1998 REGULATIONS)
 GAS APPLIANCE SERVICE & SAFETY CHECK
 GAS SAFETY WARNING NOTICE ISSUED



CORGI REGISTRATION NUMBER 11724

APPLIANCE DETAILS															FLUE PERFORMANCE CHECK			APPLIANCE SAFE TO USE IF NO. SEE WARNING NOTICE	WARNING LABEL ATTACHED
APPLIANCE NUMBER	ROOM LOCATION	TYPE (ie cooker)	MAKE	MODEL	TENANTS APPLIANCE YES/NO	LANDLORD APPLIANCE YES/NO	FLUE TYPE O/R	OPERATING GAS PRESSURE M/BAR.	SAFETY DEVICE CORRECT OPERATION YES/NO	VENTILATION SATISFACTORY YES/NO	VISUAL CONDITION OF FLUE PASS/FAIL	FLUE FLOW TEST PASS/FAIL	SPILLAGE TEST PASS/FAIL	TERMINATION SATISFACTORY YES/NO	YES/NO	YES/NO			
1																			
2																			
3																			
4																			

ENTER APPLIANCE NUMBER **COMMENTS - FAULTS - RECTIFICATION WORK REQUIRED** Gas installation soundness test **PASS** **FAIL**

ENTER APPLIANCE NUMBER **THIS WARNING NOTICE CONCERNS YOUR SAFETY**
 Issued in Accordance with The Gas Safety (Installation & Use) (Amendment) (No 2) Regulations 1998

APPLIANCE/INSTALLATION DANGEROUS DO NOT USE DUE TO

Signed _____ Date _____

RECEIVED ON BEHALF OF TENANT / LANDLORD

I CONFIRM THAT I UNDERSTAND THAT THE USE OF THE INSTALLATION COULD PRESENT A HAZARD AND COULD PLACE ME IN BREACH OF THE GAS SAFETY (INSTALLATION & USE) (AMENDMENT) (NO 2) REGULATIONS 1998

Signed _____ Date _____

TENANT / LANDLORD

IF NOT APPLICABLE TICK BOX

This inspection is for gas safety purposes only in accordance with Gas Safety (Installation and Use) Regulations.
 Flues were inspected visually and checked for satisfactory removal of products of combustion.
 A detailed internal inspection of the Flue condition, construction and lining has not been carried out.

To comply with the Gas Safety Regulation the following action has been taken

- The appliance is dangerous and capped off with users/owner permission
- Appliances/installation has been turned off and labelled as unsafe to use.
- The gas user has been advised and the appliance/installation left connected.
- The gas user was not available and this Notice has been left on the premises.
- GAS ESCAPE** has been detected on the installation and the supply has been turned off.

