



# 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

## Job Address

## Customer / Landlord

Engineer Martin Williams  
 Company North Somerset Gas Services  
 Address 11  
 Embercourt Drive  
 Backwell  
 Bristol  
 Post Code BS48 3HU  
 Tel No. 07944975650  
 Gas Safe Reg 191360  
 ID Card No. 4461190

Name  
 Address 91  
 Trendlewood Park  
 Bristol  
 Post Code  
 Tel. No

Name  
 Company Mcgowan Investments  
 Address Catherine House  
 Harborough Road  
 Northants  
 Post Code NN6 9BX  
 Tel. No

## Appliance Details

## Inspection Details

	Location	Appliance Type	Make	Model	Flue Type	Landlord's 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	Loft	System Boiler	Viessmann	050	RS	Yes	Yes	21	16	0.0006	54	8.91	0.0002	20	9.00	Yes	Yes	Yes	Pass	Yes	Yes
2																					
3																					
4																					
5																					
6																					

## Defects / Identified

## Labels and Warning Notice Issued

## CO Alarm(s)

## Smoke Alarm(s)

1																					
2																					
3																					
4																					
5																					
6																					

Labels and Warning Notice Issued: NA

CO Alarm(s) fitted: Yes

CO Alarm(s) tested and Satisfactory: Pass

Smoke Alarm(s) fitted: NA

Smoke Alarm(s) tested and Satisfactory: NA

Emergency Control Accessible  Yes Gas Tightness Satisfactory  YesGas Installation Pipework Visual Inspection Satisfactory  YesEquipotential Bonding  YesWater quality/level of inhibitor acceptable  Yes**NEXT INSPECTION DUE BEFORE** 

## Comments

## Signatures

Issued by: Signed

Received Signed by:

Date

Print Name

Print Name