[GoldenRule]

|  |  |  |
| --- | --- | --- |
|  | **LANDLORD GAS SAFETY RECORD** | **[VisitDate]** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Client/Landlord’s Details (If different)** | | | |
| **Name** | [LandLordName] | | |
| **Address** | [LandLordAddress1] | | |
| [LandLordAddress2] | | |
| [LLPostcode] | **Tel No.** | [LLTelNo] | |
| **Rented** | | **No of appliances tested** | |
| **[Rented]** | | **[NoOfAppliances]** | |

|  |  |
| --- | --- |
| Site Address | |
| **Name** | [JobSiteName] |
| **Address** | [JobAddress1] |
| [JobAddress2] |
| [JobAddress3] |
| [JobPostCode] |

|  |  |
| --- | --- |
|  | |
| **[CompanyName]**  **[CompanyAddress1]**  **[CompanyAddress2]**  **[CompanyPostcode]**  **Tel No.**  **[CompanyTelephoneNumber]** | **[GasSafe]** |

|  |
| --- |
| **[Logo]** |

**working with**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DETAILS OF WORK CARRIED OUT** | | | | |
| **Gas Installation Tightness Test (Pass/Fail)** | | | [tightest] | |
| **Emergency Control Accessible (Pass/Fail)** | | | [ECV] | |
| **Equipotential/Bonding Satisfactory (Pass/Fail)** | | | [Bonding] | |
| **COMO Detectors Identified:** **[COMO]** | | | | |
| **Smoke Detectors Identified:****[Smoke]** | | | | |
| **Safety Record issued by:** **[Engineer]** | | | If bonding fails we recommend to contract a qualified electrician | |
| **Gas Safe ID Number:** [GasSafeIDNo] | | |
| **Print Name:** **[JobCustomerName]** | | | | |
| **Date appliance(s)/flue(s) checked:** **[VisitDate2]** | | **Next Service Due:** **[NextServiceDue]** | | |
| **Engineer Signature:** | **[EngineerSignature]** | **Customer Signature:** | | **[CustomerSignature]** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **DEFECTS (S) IDENTIFIED** | | | **Warning Notice left?** | **Disconnected** |
| **1** |  | |  |  |
| **2** |  | |  |  |
| **3** |  | |  |  |
| **4** |  | |  |  |
| **5** |  | |  |  |
| **6** |  | |  |  |
| **DEFECTS FOUND / REMEDIAL ACTION REQUIRED / TAKEN** | | **COMMENTS** | | |
| **1** |  |  | | |
| **2** |  |  | | |
| **3** |  |  | | |
| **4** |  |  | | |
| **5** |  |  | | |
| **6** |  |  | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLIANCE DETAILS** | | | | | | | | | | | | | | | | | |
|  | **Location** | | **Appliance type** | | | **Make** | | | **Model** | | | **Landlord’s appliance** | | **Appliance Serviced Or inspected** | | | **Appliance Safe** |
| 1 | [A1] | | [B1] | | | [C1] | | | [D1] | | | [E1] | | [F1] | | | [G1] |
| 2 | [A2] | | [B2] | | | [C2] | | | [D2] | | | [E2] | | [F2] | | | [G2] |
| 3 | [A3] | | [B3] | | | [C3] | | | [D3] | | | [E3] | | [F3] | | | [G3] |
| 4 | [A4] | | [B4] | | | [C4] | | | [D4] | | | [E4] | | [F4] | | | [G4] |
| **INSPECTION DETAILS** | | | | | | | | | | | | | | | | | |
|  | **Flue Termination Satisfactory** | **Visual Condition Of Flue Satisfactory** | | **Flue Flow Test** | **Flue Spillage Test** | | **Ventilation Provision Satisfactory** | **Safety Device Operation** | | **Inlet Working Pressure m/bar** | **Appliance Heat Input KW/h** | | **Burner Pressure Min/ Max (mbar)** | | **CO2 Reading Low Fire / High Fire (%)** | **CO Ratio Low Rate – High Rate** | |
| 1 | [H1] | [I1] | | [J1] | [K1] | | [L1] | [M1] | | [O1] | [N1] | | [QQ1] - [Q1] | | [T1] – [U1] | [R1] - [S1] | |
| 2 | [H2] | [I2] | | [J2] | [K2] | | [L2] | [M2] | | [O2] | [N2] | | [QQ2] - [Q2] | | [T2] – [U2] | [R2] - [S2] | |
| 3 | [H3] | [I3] | | [J3] | [K3] | | [L3] | [M3] | | [O3] | [N3] | | [QQ3] - [Q3] | | [T3] – [U3] | [R3] - [S3] | |
| 4 | [H4] | [I4] | | [J4] | [K4] | | [L4] | [M4] | | [O4] | [N4] | | [QQ4] - [Q4] | | [T4] – [U4] | [R4] - [S4] | |

THIS IS A RECORD OF YOUR GAS SAFETY CHECK IN ACCORDANCE WITH GAS SAFETY (INSTALLATION AND USE) REGULATION. ANY FLUE(S) HAVE BEEN TESTED/INSPECTED FOR SATISFACTORY EVACUATION OF PRODUCTS OF COMBUSTION