[GoldenRule]

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **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] |

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

**working with**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLIANCE DETAILS** | | | | | | | | | | | | | | | |
|  | **Location** | | **Appliance/Fuel 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** | | | | | | | | | | | | | | | |
|  | **Glycol** | **Stability** | | **Test Pressure** | | **Operation** | | **Free Air** | **Safety Devices** | | **Legionella Active** | | **Overall Condition** | |
| 1 | [H1] | [I1] | | [J1] | | [K1] | | [L1] | [M1] | | [O1] | | [N1] | |
| 2 | [H2] | [I2] | | [J2] | | [K2] | | [L2] | [M2] | | [O2] | | [N2] | |
| 3 | [H3] | [I3] | | [J3] | | [K3] | | [L3] | [M3] | | [O3] | | [N3] | |
| 4 | [H4] | [I4] | | [J4] | | [K4] | | [L4] | [M4] | | [O4] | | [N4] | |

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| **DETAILS OF WORK CARRIED OUT** | | | | |
|  | | |  | |
|  | | |  | |
|  | | |  | |
| **COMO Detectors Identified:** **[COMO]** | | | | |
| **Smoke Detectors Identified:****[Smoke]** | | | | |
| **Safety Record issued by:** **[Engineer]** | | |  | |
| **Gas Safe ID Number:** [GasSafeIDNo] | | |
| **Print Name:** **[JobCustomerName]** | | | | |
| **Date appliance(s)/flue(s) checked:** **[VisitDate2]** | | | | |
| **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** |  |  | | |

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