



LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 2620461

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

REGISTERED BUSINESS DETAILS

Reg No: 5555 17
Company: Evaluation LTD
Address: 9 Scorrer workshops
Scorrer
Postcode: TR16 5AU
Tel: 07774 883871

INSPECTION/INSTALLATION ADDRESS

Name & Title:
Address: W. Kele
Trentham R.D.
Pool
Postcode:
Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: Ryan Stone
Address: 10 Traverson R.D.
Pool
Postcode:
Tel:
Number of appliances tested: 1

APPLIANCE DETAILS

	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Utility	Ariston E Combi pro	combi	RS	20MB	yes	Pass	NA	0.0004	0.0006	yes	Pass	yes	yes	yes	yes	yes	yes
2																		
3																		
4																		
5																		

FLUE TESTS

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation
Pipework:Satisfactory Visual
Inspection:Yes ☒ No ☐Emergency Control
Accessible:Yes ☒ No ☐Satisfactory Gas
Tightness Test:Yes ☒ No ☐Equipotential
Bonding Satisfactory:Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

WARNING
NOTICE ISSUED
Yes/No/NAWARNING TAG or
LABEL FIXED
Yes/No/NAApproved Audible CO Alarms
Fitted & Located Correctly**:Yes ☒ No ☐ N/A ☐Are CO
Alarms in Date:Yes ☒ No ☐ N/A ☐Testing of CO
Alarms Satisfactory:Yes ☒ No ☐ N/A ☐

Smoke/Heat Alarms

Located & Fitted correctly**:

Yes ☒ No ☐ N/A ☐

OTHER COMMENTS OR OBSERVATIONS

**NEXT GAS
SAFETY
CHECK DUE
BEFORE:**

/ /

ISSUED BY (GAS ENGINEER)

Print Name: A. R. King

Signed:

Licence No: 555517

Issue Date: 26/5/24

RECEIVED BY

Received By:

(Delete as applicable)

Tenant/Agent/Landlord/Home Owner

No one present
at time of visit ☒

Signed:

Print Name: