

LANDLORD/HOME OWNER GAS SAFETY RECORD



IO66 PHD LTD
NO PROBLEMS JUST SOLUTIONS

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations
The information recorded on this form does not confirm that the installation by a Registered Installer or that the installation complies with any relevant Building Regulations
Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out.

1066 PHD Ltd. Gas Safe Registration No: 629902

Shieling House, 30 Invincible Road, Farnborough, GU14 7QU

Tel: +44 (0)1252 957300

Gas Safe License No:

Print Name:

Position Held:

Job Address

Name (Mr/Mrs/Miss/Ms) _____

Address _____

Postcode _____

Tel No. _____

Landlord (or where appropriate their agent)

Name (Mr/Mrs/Miss/Ms) _____

Address _____

Postcode _____ Tel No. _____

Number of appliances tested

APPLIANCE DETAILS

	Location	Appliance type	Make	Model	Landlord's appliance Yes/No/N/A	Landlord's inspected Yes/No	Flue Type OF/RS/FL
1							
2							
3							
4							

INSPECTION DETAILS

	Operating pressure in mbar or heat input kW	Initial combustion analyser reading (if applicable)	Final combustion analyser reading (if applicable)	Safety device(s) correct operation Yes/No/N/A	Ventilation provision satisfactory Yes/No	Visual condition of chimney/termination Satisfactory Pass/Fail/N/A	Flue performance checks Pass/Fail/N/A	Appliance serviced Yes/No	Appliance safe to use Yes/No	Approved CO alarm fitted Yes/No/N/A	Is CO alarm in date Yes/No/N/A	Testing of CO alarm satisfactory Yes/No/N/A
1												
2												
3												
4												

INSPECTION DETAILS

	If Warning/Advise Notice issued insert serial No. *
<input type="text"/>	

REMEDIAL ACTION REQUIRED

Gas installation pipework satisfactory visual inspection Yes/No ☐

Emergency Control Valve (ECV) accessible Yes/No ☐

Satisfactory gas tightness test Yes/No/N/A ☐

Protective equipment bonding satisfactory Yes/No ☐

**NEXT
SAFETY
CHECK DUE
WITHIN
12 MONTHS**

This Safety Record issued by:

Engineer Name: _____ Signed: _____

Received by: _____ Signed: _____

Date appliance(s)/flue(s) checked: _____