

# 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: \_\_\_\_\_