

Serial No:
1799039

To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5500 or www.gassaferegister.co.uk

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations.
Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

R&P Davies
Plumbing Ltd.
Gas Fitters & Plumbing Services



DETAILS OF REGISTERED BUSINESS	JOB ADDRESS	LANDLORD/AGENT ADDRESS
R&P Davies Plumbing Ltd Gas Safe Reg. No: 183405 The Coach House, High Street, Earls Colne, CO6 2RB Tel: 01787 224 342 Email: info@rpdavies.co.uk Website: rpdavies.co.uk Lloyds Bank details: 77.66.17 A/c no. 23740860	Name: _____ Address: 19 WESTGATE STREET LONG MELFORD SUFFOLK Tel. No: _____ Is Accommodation Rented? (Y/N) Y	Name: MR. CLASGOW Address: CRANMORE GREEN HOUSE LONG MELFORD SUFFOLK Tel. No: 01787 371381 No. Of Appliances Tested: ONE

Gas Installation Pipework	Satisfactory Visual Condition (Y/N) Y	Emergency Control Accessible (Y/N) Y	Satisfactory Gas Tightness Test (Y/N)	Equipotential Bonding Satisfactory (Y/N) Y
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Appliance Details						
	Appliance Location	Appliance Make	Appliance Model	Appliance Type	Type of Flue (OF/RS/FL)	Landlords Appliance (Y/N)
1	KITCHEN	WORCESTER	GREENSTAR 1521	HEAT	RS	Y
2						
3						
4						
5						

Inspection Details										CO Alarm	
	Operating Pressure in mbar and or Heat Input in KW/Btu/h	Are Safety Devices Working? (Y/N)	Satisfactory Ventilation? (Y/N)	Flue Visual Condition (Pass/Fail/NA)	Flue Performance Checks (Pass/Fail/NA)	Combustion Analyser Reading		Appliance Serviced (Y/N)	Appliance Safe To Use (Y/N)	Approved CO Alarm Fitted? (Y/N)	Does The CO Alarm Work? (Y/N)
						CO: CO2 Ratio	CO PPM				
1	21	Y	Y	PASS	PASS	0.0003	34	Y	Y	Y	Y
2											
3											
4											
5											

Defect(s) Identified	Warning Advice Issued? (Y/N)	Work Carried Out	Details Of Work Required
1	Y	CO2 10.1%	
2			
3			
4			
5			

Received By: <i>[Signature]</i>	Issued By: G BENDALL	ID Card No: 5105673	The Next Gas Safety Check Must Be Completed By: 20/8/26
Print Name: _____ Date: 20/8/25	Signature: <i>[Signature]</i>	Date: 20/8/25	