

LANDLORD/HOMEOWNER GAS SAFETY RECORD

Cert No:

Company/Engineer

Company Name _____
Gas Safe Register No _____
Registered Engineer's Name _____
Gas Safe Register License No _____

Address _____

Postcode _____
Contact No _____
Email Address _____

Job Address

Address _____

Postcode _____

Name _____
Contact No _____
Email Address _____

Customer/Landlord (or agent where appropriate)

Name _____
Company _____
Address _____

Postcode _____

Contact No _____
Email Address _____

Number of Appliances tested

Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord/Homemaker	Inspected	Type of flue
1							
2							
3							
4							

Inspection Details

	Operating pressure in mbar and/or heat input kW/h Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (If applicable)	Appliance serviced	CO Alarm fitted	CO Alarm tested (if fitted)	SAFE TO USE
1										
2										
3										
4										

Defect(s) Identified

	GIUSP classification	Warning/Advisory Record insert form serial No*
1		
2		
3		
4		

Remedial Action Taken numbering should correspond to defects above.

1	
2	
3	
4	

Details of Work carried out

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Analyser Readings

	High / Initial Ratio	High/ Initial CO2 %	High/ initial co ppm	Low/ final Ratio	Low/final co2 %	Low/ final CO ppm
Appliance 1						
Appliance 2						
Appliance 3						
Appliance 4						

*Refer to separate Warning/Advisory Record

Outcome of gas installation pipework visual inspection?
Outcome of gas supply pipework visual inspection?
Is the Emergency Control Valve access satisfactory?
Outcome of gas tightness test?
Is the Protective Equipotential bonding satisfactory?

Signature - Issued by:

Signature - Received by:

Date: _____

ATTENTION

**Next safety
check due by:**