

Cert. No. 

# Gas Safety Record

Safety Inspection and reporting carried out in accordance with the Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure.



<b>Company / Installer</b>		<b>Job Address</b>		<b>Customer / Landlord</b>	
Engineer	<input type="text"/>	Name	<input type="text"/>	Name	<input type="text"/>
Company	<input type="text"/>	Address	<input type="text"/>	Company	<input type="text"/>
Address	<input type="text"/>		<input type="text"/>	Address	<input type="text"/>
Post Code	<input type="text"/>	Post Code	<input type="text"/>	Post Code	<input type="text"/>
Tel No.	<input type="text"/>	Tel. No	<input type="text"/>	Tel. No	<input type="text"/>
Gas Safe Reg	<input type="text"/>				
ID Card No.	<input type="text"/>				

	Location	Appliance Type	Make	Model	Flue Type	Landlord's Appliance	Appliance Inspected	Operating Pressure (mbar)	Heat Input (kW/h)	High Combustion Reading			Low Combustion Reading			Safety device(s) correct operation	Ventilation Provision satisfactory	Visual condition of flue and termination satisfactory	Flue Performance test	Appliance Serviced	Appliance safe to use
										Ratio	CO ppm	CO2 %	Ratio	CO ppm	CO2 %						
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									

<b>Defects / Identified</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Labels and Warning Notice Issued</b>
		<b>CO Alarm(s)</b>
		<input type="checkbox"/> CO Alarm(s) fitted
		<input type="checkbox"/> CO Alarm(s) tested and Satisfactory

<input type="checkbox"/> Emergency Control Accessible	<input type="checkbox"/> Gas Tightness Satisfactory	<b>Comments</b> <input type="text"/>
<input type="checkbox"/> Gas Installation Pipework Visual Inspection Satisfactory	<input type="checkbox"/>	
<input type="checkbox"/> Equipotential Bonding	<input type="checkbox"/>	
<b>NEXT INSPECTION DUE BEFORE</b> <input type="text"/>		

<b>Signatures</b>	<b>Received</b>	<b>Signed</b>
Issued by:	<input type="text"/>	<input type="text"/>
Print Name	<input type="text"/>	<input type="text"/>
Date	<input type="text"/>	<input type="text"/>