

# LANDLORD/HOME OWNER GAS SAFETY RECORD

A 81516

## INSPECTING INSTALLER

Trading Title: S.P. Parkin Plumbing & Heating  
 Name: Steven Parkin Gas Safe Reg. No. 188778  
 Address: 30 Woodlford Ave, Breasbar,  
Derbyshire,  
DE72 3AN Tel: 07904432554  
 I certify that I carried out inspections on the appliances detailed below. Signed: [Signature]

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

Date: 12th May 2015

## INSPECTION ADDRESS

Name: Sawley Community Centre.  
 Address: Draycott Rd, Sawley,  
NOHS  
 Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

## LANDLORD (OR AGENT) NAME AND ADDRESS

Name: The committee  
 Address: Sawley Community Centre  
Draycott Rd, Sawley  
NOHS  
 Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

Location	APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS					
	Make	Model	Type	Flue Type CF/BS/FL	Operating Pressure in Mbar or Hear Input MWh or Btu/h	Safety Device Correct Operation Yes/No/NA	Smoke Match Spillage Test Pass/Fail/NA	Smoke Puff Flow Test Pass/Fail/NA	Satisfactory Termination Yes/No/NA	Visual Condition Pass/Fail/NA	Adequate Ventilation Yes/No/NA	Appliances Safe to Use Yes/No	Landlord's Appliances Yes/No	Inspection Yes/No
1 Boiler Room	Keston	C40	Hebo	RS	21 Mwh	Yes	N/A	Pass	Yes	Yes	Yes	Yes	Yes	Yes
2 Kitchen	Cople		Range	FL	20 mbar	Yes	N/A	N/A	N/A	Pass	Yes	Yes	Yes	No
3 Kitchen	Plan	Heatpant	RS	RS	12 mbar	Yes	N/A	Pass	Yes	Yes	Yes	Yes	Yes	Yes
4														
5														

Gas Installation Pipework: Satisfactory Visual Inspection Yes  No  Emergency Control Accessible Yes  No  Satisfactory Soundness Test Yes  No

## GIVE DETAIL OF ANY FAULTS AND RECTIFICATION WORK REQUIRED

1 Low pressure on large burner on range top. To remove and clean + retest.

WARNINGS NOTICE ISSUED Yes/No/NA	No
WARNING TAG OR STICKER FIXED Yes/No/NA	No

Number of appliances tested: THREE NEVER GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by [Signature] Signed: S.P. Parkin Print name: S.P. Parkin

Date: 12th May 2015

Received on behalf of the Landlord/  
Home Owner: [Signature] Signed: Not Present

Tenant/Agent/Landlord/Home Owner

Date: 12th May 2015