

LEISURE INDUSTRY LANDLORD'S GAS SAFETY RECORD

SERIAL No

CP23014231



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. Chimney systems, when checked, 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. The information recorded on this form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation complies with any relevant Building Regulations. For appliances not owned by the Landlord, where only visual checks are undertaken, recording a YES in Appliance Safe is based only on a visual check for obvious defects with no physical tests completed.

JOB ADDRESS Rated LAV/Boat Etc. (Yes/No) NO

LANDLORD DETAILS (or where appropriate their agent)

REGISTERED BUSINESS DETAILS

Name: _____
 Address: Home Fern Housings Park
(Park / Marina) Edithway
3-0-5 Pitch / Mooring No: LM 56
 Postcode: _____ Tel No: _____
 LAV Serial No. / Boat Name: SWA Adventure

Name: _____
 Address: Home Fern Housings Park
Edithway
3-0-5
 Postcode: _____ Tel No: _____

Reg No: 66486
 Company: C + A Savoyas
 Address: NOISE LEIGH, B4002ARRE Rd
WATLY W-1-13
 Postcode: B523 4TY
 Tel No: 01434 82505

APPLIANCE DETAILS

No of Appliances Listed Below	Location	Appliance Type	Make	Model	Chimney/Flue Type (FLO/FRS)		Landlord's Appliance (Yes/No/NA)	Appliance Checked (Yes/No)
					Chimney/Flue Type (FLO/FRS)	Landlord's Appliance (Yes/No/NA)		
1	<u>CONTOURMENT</u>	<u>COMBI</u>	<u>Hotaco</u>	<u>CR024 Ser 3</u>	<u>RS</u>	<u>NA</u>	<u>NO</u>	
2	<u>KITCHEN</u>	<u>CORNER</u>	<u>THREBOD</u>	<u>Gas, NA</u>	<u>FL</u>	<u>NA</u>	<u>NO</u>	
3								
4								

INSPECTION / SAFETY CHECKS	CHIMNEY CHECKS	COMBUSTION READINGS(S)	SUMMARY		AUDIBLE CO DETECTOR	
			Appliance Safe (Yes/No)	Correctly Installed (Yes/No/NA)	In Date (Yes/No/NA)	Test Satisfactory (Yes/No/NA)
1 Ventilation Satisfactory (Yes/No) <u>Yes</u>	Visual Condition Satisfactory (Yes/No/NA) <u>Yes</u>	Flue Gas (If Applicable) <u>10.1% CO</u>	Appliance Serviced (Yes/No) <u>No</u>	Correctly Installed (Yes/No/NA) <u>Yes</u>	In Date (Yes/No/NA) <u>Yes</u>	Test Satisfactory (Yes/No/NA) <u>Yes</u>
2 <u>Yes</u>	<u>Yes</u>	<u>2.0 CO11</u>	<u>No</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
3 <u>No TEST P</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
4						

APPLIANCE DEFECT(S) IDENTIFIED

REMEDIAL ACTION TAKEN

INSTALLATION GENERAL (Yes/No/NA)

APPLIANCE DEFECT(S) IDENTIFIED	REMEDIAL ACTION TAKEN	INSTALLATION GENERAL (Yes/No/NA)
1		<input checked="" type="checkbox"/> Gas Installation Pipework Satisfactory (Visual): <u>Yes</u>
2		<input checked="" type="checkbox"/> Gas Installation Correct Materials Used (Visual): <u>Yes</u>
3		<input checked="" type="checkbox"/> Gas Tightness Test Satisfactory: <u>Yes</u>
4		

DETAILS OF OTHER WORK CARRIED OUT (e.g. services, etc.)

OBSERVATIONS / COMMENTS / REMEDIAL WORK REQUIRED

SAFETY CHECK DUE BEFORE

Emergency Control Valve Satisfactory: Yes
 Meter / Cylinder Installation Satisfactory (Visual): Yes
 Main Protective Bonding Satisfactory (Visual): Yes

Issued by: C. Savoyas Signed: [Signature]
 Print Name: _____ Issue Date: 06-07-23
 Licence No: 5446275
 Received by: _____ Signed: _____
 Print Name: _____ Issue Date: _____
 Tenant / Landlord / Agent / Other (Please state): _____
 No one present at the time of visit