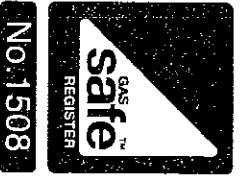


# Landlord's Gas Safety Record

This inspection is for gas safety purposes only in accordance with the Gas Safety (Installation and Use) Regulations 1994. Flues were 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.



Installer details:

Signed: \_\_\_\_\_

## TENANT DETAILS

Name .....  
Address .....

## LANDLORD DETAILS

Name .....  
Address .....

Tel: .....

Tel: .....

## APPLIANCE DETAILS

1	2	3	4	5	LOCATION	TYPE	MAKE	MODEL	FLUE TYPE OF or RS	Operating Pressure mbar	Safety Device	PERFORMANCE CHECK			Appliance Safe to use Yes/No	Requested To Test
												Flue Gas Tightness Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail		

## DETAILS AND RECTIFICATION WORK NEEDED

LABEL AND WARNING NOTICE ISSUED YES/NO

GAS INSTALLATION SOUNDNESS TEST PASS FAIL

SAMPLE

This Safety record is issued by. Signed .....

Date .....

Number of Appliances Tested .....

Received on behalf of the Landlord. Signed .....

Tenant/Agent/Landlord .....

NEXT SERVICE CHECK DUE WITHIN 12 MONTHS