

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 1085878**

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.

REGISTERED BUSINESS DETAILS

Reg No: 10144
 Company: SSS Heating & Electrical
 Address: Unit 4 Dolphin Rd
Saisbury
 Postcode: SP12NS
 Tel: 01722 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: ROYAL WOODS
 Address: HOMES PARK
WINDSOR
BUCKINGHAM
 Postcode: SL4 1QJ Tel: _____

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: _____
 Address: A1 100 HIES
 Postcode: _____
 Tel: _____

Number of appliances tested: ONE

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or kW/h or Btu/h	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading
1 <u>3136</u>	<u>RIEHOVA PRO</u>	<u>WH F</u>	<u>F</u>	<u>33.5</u>	<u>YD</u>	<u>N/A</u>	<u>N/A</u>	<u>0.006</u>	<u>0.004</u>
2									
3									
4									
5									

FLUE TESTS

INSPECTION DETAILS

Satisfactory Visual Inspection:	Yes	No	Emergency Control Accessible:	Yes	No	Satisfactory Gas Tightness Test:	Yes	No	Flue visual condition:	Pass/Fail/N/A	Adequate ventilation:	Yes/No	Landlord's appliance checked:	Yes/No	Appliances serviced:	Yes/No	Appliances safe to use:	Yes/No
	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Pass</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>	<u>YD</u>

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

Warn	Warn	Warn	Warn	Warn	Warn
1	2	3	4	5	

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A

Are CO Alarms in Date: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
18/05/23

ISSUED BY (GAS ENGINEER)

Print Name: Jon Walker Signed: [Signature]
 Licence No: 10144 Issue Date: 18/5/22

RECEIVED BY

Received By: _____
 Signed: _____
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner _____
 Print Name: _____
 No one present at time of visit

LANDLORD/HOME OWNER GAS SAFETY RECORD

Regin Ref No: **45C 1085868**

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.

REGISTERED BUSINESS DETAILS

Reg No: 10144
 Company: SAS
 Address: Unit 4, Dolphin Ind Estate, Sp12 2NB
 Postcode: SP12 2NB
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Home Park, Ransden, Winslow
 Postcode: SL7 4RE Tel: _____

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: _____
 Address: At 100 Miles
 Postcode: _____ Tel: _____

Number of appliances tested: One

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OPRS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) in operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1	Binnia 170	WHF	FL	-	YDS	NK	NK	N/A	N/A
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance service Check Yes/No	Appliance Safe to Use Yes/No
YDS	YDS	YDS	YDS	YDS	YDS	YDS	NO

INSPECTION DETAILS

Satisfactory Gas Tightness test:	Satisfactory Gas Tightness test:	Emergency Control Accessible:	Emergency Control Accessible:	Equipment Bonding Satisfactory:	Equipment Bonding Satisfactory:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness test: Yes No

Equipment Bonding Satisfactory: Yes No

Testing of CO Alarms Satisfactory: Yes No

Smoke Alarms Fitted: Yes No

Warning Notice Issued: Yes No

GIVE DETAILS OF ANY FAULTS

1 PCB Faults unable to test further

RECTIFICATION WORK CARRIED OUT

Quote sent for repair

WARNING NOTICE ISSUED: Yes/No/NA: YDS YDS

Audible CO Alarms: Yes No N/A

Approved CO Alarms Fitted: Yes No N/A

Are CO Alarms in Date: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

Equipment Bonding Satisfactory: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness test: Yes No

Appliance Visual Inspection: Yes No

OTHER COMMENTS OR OBSERVATIONS

Altered warning sign as requested.

NEXT GAS SAFETY CHECK DUE BEFORE:

1 / 1 -

ISSUED BY (GAS ENGINEER)

Print Name: [Signature] Signed: Jan Wainman
 Licence No: 10144 Issue Date: 27-4-22

RECEIVED BY

Received By: _____ (delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 Signed: _____ Print Name: _____
 No one present at time of visit

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.

REGISTERED BUSINESS DETAILS

Reg No: 10144
 Company: SSS
 Address: Unit 4 Dolphin Way, Salford, Salford, Salford
 Postcode: S12 8G
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: Hans Pack
 Address: Hanson Lock ID Winder
 Postcode: SL4 1AQ
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: AL LOO FUEL
 Address:
 Postcode:
 Tel:

Number of appliances tested: **2**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type CFR/SPL	Operating pressure in mbar or heat input kWh or Btu/h	Safety devices in correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1	Linna HD6000	WH	FL	25	YD	NP	NP	1.1	1.1
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance bonding Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No/NA
YD	YD	YD	YD	YD	YD	YD

INSPECTION DETAILS

Satisfactory Gas Tightness Test: Yes No	Emergency Control Accessible: Yes No	Are CO Alarms in Date: Yes No N/A	Approved CO Alarms Fitted: Yes No N/A	Smoke Alarms Fitted: Yes No N/A	Warning Tag or Label Fitted: Yes/No/NA
YD	YD	N/A	N/A	N/A	YD

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipment Bonding Satisfactory: Yes No

Appliance Safe to Use: Yes No

GIVE DETAILS OF ANY FAULTS

1	Emissions to High 3 Gas Valve
2	Leaking
3	
4	
5	

RECTIFICATION WORK CARRIED OUT

Audible CO Alarms: Approved CO Alarms Fitted: Yes No N/A

Are CO Alarms in Date: Yes No N/A

Testing of CO Alarms Satisfactory: Yes No N/A

Smoke Alarms Fitted: Yes No N/A

Warning Tag or Label Fitted: Yes No N/A

OTHER COMMENTS OR OBSERVATIONS

Next Gas Safety Check Due Before: **Failed**

ISSUED BY (GAS ENGINEER)

Print Name: **Joe Walker** Signed: *[Signature]*
 Licence No: **10144** Issue Date: **27.4.22**

RECEIVED BY

Received By: _____
 Signed: _____
 Print Name: _____

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 1085858**

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.

REGISTERED BUSINESS DETAILS

Reg No: 101111
 Company: SCS
 Address: Unit 4 Dolphin Ind
 Salsbury
 Postcode: SP12 2AB
 Tel: 01722 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Home Park
 Address: Langson back to
 Windsor.
 Postcode: SL4 1QE Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: Al Loo Hill
 Address:
 Postcode: Tel:

Number of appliances tested: **ONE**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 3138	RAMA 17 H5	WH	FB	3.5/3.5	YD	NA	NP	0.005	0.005
2									
3									
4									
5									

FLUE TESTS

INSPECTION DETAILS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
YD	YD	YD	YD	YD	YD	YD

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No
 Emergency Control Accessible: Yes No
 Satisfactory Gas Tightness Test: Yes No
 Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

1 New Regulator Required
 2 Replaced on site

RECTIFICATION WORK CARRIED OUT

WARNING * WARNING TAG OF NOTICE ISSUED LABEL FIED Yes/No/NA

NAME	NUMBER	SERIAL NO.	DATE	TIME	CAL DUE	COMBUSTION	FUEL	CO 2 REF	CO 2	CO	CO/CO2	T1	T2	NETT	EFFIC	LOSS	LOBB	CHAIR	PR3	
KANE	4585	180422099	26/04/22	12:17:44	09/02/23															



5158

ISSUED BY (GAS ENGINEER)

Signed: J. Waller
 Issue Date: 10/11/22

RECEIVED BY

(Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 No one present at time of visit
 Print Name:

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REGISTERED BUSINESS DETAILS

Reg No: 101114
 Company: SPS
 Address: 1114 Dolphin rd
 Salsbery
 Postcode: SP12NS
 Tel: 0122331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Ken Hay Park
 Address: Ken Hay Park Road
 Wincobury
 Postcode: SU41Q6
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: Alice H25
 Address:
 Postcode:
 Tel:
 Number of appliances tested: 0/5

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or input kWh or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
3123	Boova 17 H6	WM R	R	345	Yes	Pass	Pass	0.00	0.00

FLUE TESTS

Adequate ventilation Yes/No	Flue visual condition Pass/Fail/NA	Satisfactory termination Yes/No/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
Yes	Pass	Yes	Pass	0.00	0.00

INSPECTION DETAILS

Appliance Visual Check Yes/No	Appliance Visual Check Yes/No	Appliance Visual Check Yes/No	Appliance Visual Check Yes/No
Yes	Yes	Yes	Yes

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No WARNING NOTICE ISSUED LABEL FIED Yes/No/NA Yes/No/NA Yes/No/NA

GIVE DETAILS OF ANY FAULTS

1	Faulty Regulator	Rectification work carried out	Repaired on site
2			
3			
4			

ISSUED BY (GAS ENGINEER)
 Name: J. J. J. Signed: [Signature]
 No: 1234 Issue Date: 26/01/22
 RECEIVED BY
 Name: [Signature] Signed: [Signature]
 No: [Signature] Issue Date: 26/01/22
 (Delete as applicable) Tenants/Agent/Landlord/Home Owner No present at time of visit
 Print Name:
 * IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT FMD

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REGISTERED BUSINESS DETAILS

Reg No: 16164
 Company: SAS
 Address: Unit 14, Park Road, Spalding, Lincs.
 Postcode: PE12 6NS
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: Home Park
 Address: Lambay Beck Rd, Wintles
 Postcode: SL4 1QB Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: A. Coo Mills
 Address:
 Postcode:
 Tel:
 Number of appliances tested: 0/16

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type CFR/SFL	Operating pressure in mbar or kW/h or Btu/h	Safety devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance check Yes/No/NA	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
1	Arnie HD	W.H.F.C.		376	Y/D	NA	NA	0.0012	0.0012	Y/D	Y/D	Y/D	Y/D	Y/D	Y/D
2															
3															
4															
5															

FLUE TESTS

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4

NAME: KANE SERIAL NO.: 180422099 DATE: 26/04/22 TIME: 13:43:44
 CAL DUE: 09/02/23
 COMBUSTION: FUEL: CO 02 REF CO2: 02 CO/CO2: 02 T1: 18.0 T2: 18.0 T3: 18.0 NETT: 0.00000000 EFFNC: 0.00000000 LOSS: 0.00000000 XAIR: 0.00000000 PR3: 0.00000000

ISSUED BY (GAS ENGINEER)

Signed: [Signature] Issue Date: 26.4.22
 No one present at time of visit
 Tenant/Agent/Landlord/Home Owner
 Print Name:

RECEIVED BY

(Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 Print Name:

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.

REGISTERED BUSINESS DETAILS

Reg No: 101111
 Company: SAS
 Address: Unit 4 Dolphin Way
Salesbury
SP10 2UB
Wiltshire
 Postcode: SP10 2UB
 Tel: 01251 0106

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Home Park
Kemmerly lock rd
Wardour
 Postcode: SN14 1QS
 Tel: _____

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: Alison Hales
 Address: _____
 Postcode: _____
 Tel: _____

Number of appliances tested: as

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/AS/FL	Operating pressure in mbar or input kWh or Btu/h	Safety devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1	hanna HS burner WH FL	WH FL	FL	34	YD	WH	WH	Pass	Pass
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No/NA	Appliance Visual Check Yes/No	Appliance Appliance Visual Check Yes/No
YD	YD	YD	YD	YD	YD

INSPECTION DETAILS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No/NA	Appliance Visual Check Yes/No	Appliance Appliance Visual Check Yes/No
YD	YD	YD	YD	YD	YD

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No
 Emergency Control Accessible: Yes No
 Satisfactory Gas Tightness Test: Yes No
 Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

1	<u>SAFETY CHAIN</u>
2	
3	
4	

RECTIFICATION WORK CARRIED OUT

	<u>Checked on site</u>

NAME: 3139 SERIAL NO: 180422033
 DATE: 26/04/22 TIME: 13:16:53
 CAL DUE: 09/02/23
 COMBUSTION: FUEL CO 02 REF CO 02 CO/CO2 T1 T2 T3 NETT EFFICIENCY LOSS CHAIR PRS
 CUSTOMER: _____
 APPLIANCE: _____
 REFERENCE: _____

of CO Satisfactory: Yes No N/A
 Smoke Alarms Fitted: Yes No N/A
 Signed: J. Wainwright Issue Date: 26-04-22
ISSUED BY (GAS ENGINEER)
RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 No one present at time of visit
 Print Name: _____

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.

REGISTERED BUSINESS DETAILS

Reg No: 10144
 Company: SAS
 Address: Unit 4, Dalhousie, Salisbury
 Postcode: SP1 2NB
 Tel: 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Home Park
 Address: Homey Park Co. Windsor
 Postcode: SL4 1RE
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: Al hoo m20
 Address:
 Postcode:
 Tel:
 Number of appliances tested: 0/6

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OFR/SFL	Operating pressure in mbar or heat input kW/ther Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 3124	BOUNDA 17HS	WH R	R	34	NO	Pass	Pass	Good	Good
2									
3									
4									
5									

FLUE TESTS

Flue Visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Appliance safe to use Yes/No
Pass	Yes	Yes	Yes	Yes

INSPECTION DETAILS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Appliance safe to use Yes/No
Yes	Pass	Yes	Yes	Yes	Yes

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4

NAME: KANE
 NUMBER: 5M00182 2.12
 SERIAL NO.: 180422097
 DATE: 26/04/22
 TIME: 12:03:10
 CAL DUE: 09/02/23
 COMBUSTION: FUEL CO2 REF CO2 OR CO/CO2 T1 T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12 T13 T14 T15 T16 T17 T18 T19 T20
 CUSTOMER: REFERENCE

ISSUED BY (GAS ENGINEER)

Signed: Jan Walker
 Issue Date: 26.04.22

RECEIVED BY

Tenant/Agent/Landlord/Home Owner: No one present at time of visit
 Print Name:

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.

REGISTERED BUSINESS DETAILS

Reg No: 101141
 Company: SGS
 Address: Suite 4 Dolphin Ind
Selsby
Strens
 Postcode: SG15 5
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: Home Park
Kemoy Lockwood
Wardle
 Postcode: SK4 1AB Tel:

LANDLORD (OR AGENT) NAME & ADDRESS
 Name & Title: Al Co Hill
 Address: _____
 Postcode: _____ Tel:

Number of appliances tested: one

APPLIANCE DETAILS			FLUE TESTS				INSPECTION DETAILS									
Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in bar or kWh or Btu/h	Safety device(s) correct operation	Spillage test	Smoke pellet flue flow test	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination	Flue visual condition	Adequate ventilation	Landlord's appliance	Inspected	Appliance Visual Check	Appliance Safe to Use
				Yes/No/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Yes/No	Yes/No	Yes/No/NA	Pass/Fail/NA	Yes/No	Yes/No/NA	Yes/No	Yes/No	Yes/No
1	<u>Linna Vercast WH</u>	<u>A</u>	<u>A</u>	<u>37</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>Pass</u>	<u>0.00</u>	<u>YES</u>	<u>Pass</u>	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2																
3																
4																
5																

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

faulty changes out

RECTIFICATION WORK CARRIED OUT

Replaced on site

1																	
2																	
3																	
4																	

KANE	5M0102 2.12	NAME		NUMBER		SERIAL NO.	100422099	DATE	26/04/22	TIME	11:21:17	CAL DUE	09/02/23	COMBUSTION	FUEL	CO2 REF	CO2	CO2	CO	CO/CO2	T1	NETT	LOSS	PAIR	PR3
------	-------------	------	--	--------	--	------------	-----------	------	----------	------	----------	---------	----------	------------	------	---------	-----	-----	----	--------	----	------	------	------	-----

CO Satisfactory: Yes No N/A Smoke Alarms Fitted: Yes No N/A

ISSUED BY (GAS ENGINEER)
 Signed: J. Wainwright Issue Date: 27/04/22

RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner: _____ No one present at time of visit
 Print Name: _____

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.

REGISTERED BUSINESS DETAILS

Reg No: 1011111
 Company: SCS
 Address: Unit 4 Dolphin Ind
 Salisbury
 Postcode: SP1 2UG
 Tel: 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Home Park
 Address: Kambon Lane Lock
 Warden
 Postcode: SL4 1QS
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: A Loomes
 Address:
 Postcode:
 Tel:
 Number of appliances tested: 015

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OP/RS/FL	Operating pressure in mbar or kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 2030	Rowa Custom 2834	WH FL	FL	36.5 C/B3	NP	NP	NP	NP	NP
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
NP	NP	NP	NP	NP	NP

INSPECTION DETAILS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
NP	NP	NP	NP	NP	NP

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Inspection: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipment Bonding Satisfactory: Yes No

WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA

GIVE DETAILS OF ANY FAULTS

- Fatty liquidated replaced as its
- No Bonding seen
-
-

RECTIFICATION WORK CARRIED OUT

RECTIFICATION WORK CARRIED OUT

2030
 09/02/23
 COMBUSTION
 FUEL
 CO2 REF
 CO2
 CO
 CO/CO2
 T1
 T2
 T3
 NETT
 EFFICI
 LOSS
 XAIR
 PR3
 CUSTOMER
 APPLIANCE
 REFERENCE

**LET GAS
 FETY
 CK DUE
 FORE:**

ISSUED BY (GAS ENGINEER)

Print Name: J. W. [Signature]
 Licence No: 10144
 Signed: [Signature]
 Issue Date: 26/04/22

RECEIVED BY

Received By: [Signature]
 Print Name:
 Tenant/Agent/Landlord/Home Owner
 No one present at time of visit

LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 1085863**

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.

REGISTERED BUSINESS DETAILS

Reg No: 101111
 Company: SAS
 Address: Unit 4, Alpha Ind.,
 Spalding
 Postcode: SP12 6WS
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: Home Park
 Benson Lock Road
 Windsor
 Postcode: SL4 1QE Tel:

LANDLORD (OR AGENT) NAME & ADDRESS
 Name & Title:
 Address:
 Postcode:
 Tel:
 Number of appliances tested: **ONE**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in boiler or heat input kW/spot Bluh	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1	Baxi HD 1020X	WHF	FL	SAF	YOS	NA	NA	0.009	0.009
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance service Check Yes/No	Appliance Safe to Use Yes/No
YOS	YOS	YOS	YOS	YOS	YOS	YOS

INSPECTION DETAILS

Satisfactory Gas Tightness Test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Emergency Control Accessible: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Equipotential Bonding Satisfactory: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
--	---	---

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	2	3	4

NAME: KANE
 NUMBER: 500182 2.12
 SERIAL NO: 180422034
 DATE: 26/04/22
 TIME: 14:07:03
 CAL DUE: 02/02/23
 COMBUSTION: FUEL CO2 REF CO2 CO/CO2 1.19% 1.52% 1.01%
 REFERENCE: CUSTOMER REFERENCE

ISSUED BY (GAS ENGINEER)

Print Name: J. W. V. G. C. Signed: [Signature]
 Licence No: 10144 Issue Date: 26-04-22

RECEIVED BY

Received By: [Signature]
 Signed: [Signature] Print Name:
 No one present at time of visit

REGISTERED BUSINESS DETAILS

Reg No: **558** 101111
 Company: **WOLF LIPPHARD**
 Address: **SACHSAMPFERSTRASSE 101111**
 Postcode: **31133**
 Tel: **01722551066**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **Hans-Joachim Wandschneider**
 Address: **Hans-Joachim Wandschneider**
 Postcode: **31133** Tel: **01722551066**

Reg No: **45C 1085854**
 Name & Title: **AI COLHES**
 Address: **AI COLHES**
 Postcode: _____ Tel: _____

Number of appliances tested: **ONE**

APPLIANCE DETAILS		FLUE TESTS		INSPECTION DETAILS												
Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in heat exchanger kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
1	3133	BIMMAI KSH-VM1837	W/H F	3.76	YES	NA	NA	0.009	0.009	YES	PASS	YES	YES	YES	YES	YES
2																
3																
4																
5																

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No
 Emergency Control Accessible: Yes No
 Satisfactory Gas Tightness Test: Yes No
 Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

1	EMC LABEL FADD	REPLACED ON SITE
2		
3		
4		

REGISTRATION NUMBER: 180422039
 DATE: 26/04/22
 TIME: 10:33:53
 CAL DUE: 09/02/23
 COMBUSTION: FUEL CO2 REF CO2 CO/CO2 TR TR METT METT XRIER PRO REF

ISSUED BY (GAS ENGINEER)
 Signed: *[Signature]*
 Issue Date: **26/04/22**

RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 No one present at time of visit
 Print Name: _____

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.

REGISTERED BUSINESS DETAILS

Reg No: 10144
 Company: SCS
 Address: Unity Polymers Ltd.
 SPI 2WS
 Postcode: SPI 2WS
 Tel:

INSPECTION/INSTALLATION ADDRESS

Name & Title: Home Park
 Address: Ramsey Lock Road
 WINDLE
 Postcode: S14 7UE
 Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: AL COOLES
 Address:
 Postcode:
 Tel:

Number of appliances tested: **016**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in house or high in it (kWh or Btu/h)	Safety device(s) correct operation Yes/No/N/A	Spillage test Pass/Fail/N/A	Smoke pellet flue flow test Pass/Fail/N/A	Initial combustion analyser reading	Final combustion analyser reading
1 3130	Romana Low Voltage WH	WH FL	FL	375 W	Y	N/A	N/A	12.5	12.5
2									
3									
4									
5									

FLUE TESTS

Satisfactory termination Yes/No/N/A	Flue visual condition Pass/Fail/N/A	Adequate ventilation Yes/No	Landlord's appliance Yes/No/N/A	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No
Y	Pass	Y	Y	Y	Y	Y

INSPECTION DETAILS

Warning of notice issued Yes/No/N/A	Warning tag of label fixed Yes/No/N/A

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipment Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

Location	Description of Fault	Rectification Work Carried Out
1		
2		
3		
4		

GAS SAFETY DUE RE:
 [Signature]

ISSUED BY (GAS ENGINEER)
 Signed: [Signature] Issue Date: 26/04/22

Print Name: Ian Walker
 Licence No: 12444

RECEIVED BY

Received By: [Signature]
 Signed: [Signature] Print Name:
 (Delete as applicable) Tenant/Agent/Landlord/Home Owner
 No one present at time of visit

KANE
 KANE4503
 5M0102 2.12
 SERIAL NO. 180422099
 DATE 26/04/22
 CAL DUE 09/02/23
 FUEL CO2 REF CO2 CO/CO2 T1 T2 T3 NETT EFFICIENCY %

APPLIANCE CUSTOMER

3130

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.

REGISTERED BUSINESS DETAILS

Reg No: 10148
 Company: GTS
 Address: Unit 4 Dolphin Ind
 Sp12005
 Sp12005
 Postcode: SP12005
 Tel: 01722 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Hans Park
 Address: Bondage
 Beckenham
 Postcode: S14 1QG Tel: 26

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: Alice Hill
 Address:
 Postcode:

Number of appliances tested: 5

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OFRS/FL	Operating pressure in boiler or heat input kWh or Btu/h	Safety device(s) correct operation Yes/NO/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No/NA	Landlord's appliance check Yes/No/NA	Appliance safe to use Yes/No
1 3135	Baxi 1720w	WHF		57	YD	Wk	Nk	Pass	0011	YD	Pass	YD	YD	YD
2														
3														
4														
5														

FLUE TESTS

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

WARNING NOTICE ISSUED YES/NO/NA	WARNING TAG OR LABEL FIRED YES/NO/NA

NAME	NUMBER	SERIAL NO.	DATE	TIME	CHARGE	COMBUSTION	FUEL	CO2	CO	CO2/CO	TI	TS	NETT	NETT	NETT	LOSS	CHIR	PR	

ISSUED BY (GAS ENGINEER)

Signed: J. Waller
 Issue Date: 27.4.22

RECEIVED BY

(Delete as applicable)
 Tenant/Agent/Landlord/Home Owner No one present at time of visit
 Print Name:

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.

REGISTERED BUSINESS DETAILS

Reg No: 10111
 Company: SAS
 Address: Unity Daphn Ind, Edingburgh, S12 2UB
 Postcode: S12 2UB
 Tel: 01722 331066

INSPECTION/INSTALLATION ADDRESS

Name & Title: Alan James Hobb
 Address: Home Park Rd, Ramsey Lock Rd, Woodgate, BARKENHE.
 Postcode: SLY10GF

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title: Al Joe Hobb
 Address:
 Postcode:
 Tel:

Number of appliances tested: 015

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in main or heat input kW/hp or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance inspected Yes/No	Appliance Visual Check Yes/No	Appliance Safe to Use Yes/No	
1 2051	MINNIA BUKEMAIT WH A2			375	YES	NA	NA	PASS	0006	YES	PASS	400	400	400	400	400
2																
3																
4																
5																

FLUE TESTS

INSPECTION DETAILS

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes No

Emergency Control Accessible: Yes No

Satisfactory Gas Tightness Test: Yes No

Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1																	
2																	
3																	
4																	

NAME: 2051
 NAME 4585
 5M00182 2.12
 NUMBER
 NAME
 SERIAL NO. 180422099
 DATE 05/05/22
 TIME 09:15:31
 CHL CODE 09/02/23

COMBUSTION
 FUEL
 CO2 REF
 CO2
 CO2
 CO/CO2
 T1
 T2
 TA
 NETT
 EFFICIENCY
 LOSS
 XAIR
 PRESS

ISSUED BY (GAS ENGINEER)
 J. James
 Signed: [Signature]
 Issue Date: 5/5/22
 RECEIVED BY
 (Delete as applicable)
 Tenant/Agent/Landlord/Home Owner
 No one present at time of visit
 By: [Signature]
 Tel: [Signature]