

182127

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at [www.gassaferegister.co.uk](http://www.gassaferegister.co.uk) or by calling 0800 408 5500.



Gas safe is a registered trade mark of HSE and is used under licence.

**Name of Registered Business** GK Build  
**Safe Register No** 529686  
**Registered Engineer's Name** Glenn Kirkton  
**Safe Register Licence Number** 3667847  
**Business** GK Building Services  
**Address** 41 Station Road, Exls  
 orton  
**Postcode** NN6 0NT  
**Contact No** 07958054907

**Name of Site**  
 (Mr/Mrs/Miss/Ms) **AARON SMITH**  
**Address** 6 PENRHYN ROAD  
**Postcode** NN4 8EB  
**Contact No**

**Name of Customer/Landlord** (or agent where appropriate)  
 (Mr/Mrs/Miss/Ms)  
 As above  
**Postcode**  
**Contact No**

**Name of Appliances tested** 1  
 select as appropriate and relevant  
 Name of gas installation pipework visual inspection? Pass / Fail / NA  
 Name of gas supply pipework visual inspection? Pass / Fail / NA  
 Emergency Control Valve access satisfactory? Pass / Fail  
 Name of gas tightness test? Pass / Fail / NA  
 Protective Equipotential bonding satisfactory? Pass / Fail

Appliance Details						
Location of	Type	Manufacturer	Model	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 Boiler	NG	Vaillant	ecotec+	✓	✓	Balance
2						
3						
4						

Inspection Details						
Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Warning/Advice Record insert form serial No*
1 20	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Yes/No
2						
3						
4						

**Any Defects Identified**  
 1 NONE  
 2  
 3  
 4

**Remedial Action Taken** numbering should correspond to defects above.  
 1 NONE  
 2  
 3  
 4

**Details of Work carried out**  
 serviced Boiler  
 gas safety check.

**ATTENTION**  
 Next safety check due by:  
 9/12/16

Record issued by: Signature  
 Print Name **GLENN KIRKTON**  
 Received by: Signature  
 Date appliance(s)/flue(s) checked **9/12/15**

Click you merchant for other licensed Gas Safe Register branded records & labels in this range

Top Copy - Landlord/Homeowner/Managing Agent Green Copy - Tenant Yellow Copy - Registered Business