

al No: **M 233427**

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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**Registered Business Details** Gas Safe Registered No:  5  8  5  4  1  7

Engineer: ZOLTAN BUJARI (Print name)

Safe ID card licence No: SL46286

Company: SL HEATING LTD

Address: UNIT 1, SONG MILLS

ONDON ROAD WAKEFIELD

Code: WF1 1 2 Tel No: 01924 3659951

**Job Address**

Name (Mr/Mrs/Miss/Ms): FLAT 1 RUTHERFORD COURT

Address: 1A VALLEY GARDENS

COLLERS WOOD LONDON

Postcode: SW19 2NS

Tel No:

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/Ms): KEITH BROWN

Address: RUTHERFORD COURT

1A VALLEY GARDENS

Postcode: SW19 2NS Tel No: [REDACTED]

Number of appliances tested 1

## APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOKER	GLOR WARM	METACOM 4 BLC	YES	YES	RS

## INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination condition satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
24.7kW	0.0004	0.0004	YES	YES	YES	PASS	YES	YES

## DEFECT(S) IDENTIFIED

If Warning/Advice Notice issued insert serial No\*

Gas installation pipework satisfactory visual inspection Yes/No  Yes  No

Emergency Control Valve accessible Yes/No  Yes  No

Satisfactory gas tightness test Yes/No/NA  Yes  No  NA

Equipotential bonding satisfactory Yes/No  Yes  No

Audible Carbon Monoxide Alarm Tested Yes/No  Yes  No

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

## MEDICAL ACTION TAKEN

This Safety Record issued by: Signed ZOLTAN BUJARI

Print Name: ZOLTAN BUJARI

Received by: Signed [REDACTED] Tenant/Landlord/Agent/Home Owner

Date appliance(s)/flue(s) checked: 18.03.2022





M 233428

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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**Registered Business Details** Gas Safe Registered No:  85417

Engineer: ZOLTAN BUDAY (Print name)

Safe ID card licence No: 5146286

Company: SL HEATING LTD

Address: UNIT 1, SOAK HILLS

ONDON ROAD BUCKINGHAM

Code: SL6 7HL Tel No: 07876599957

**Job Address**

Name (Mr/Mrs/Miss/Ms): FRATZ RUTHERFORD CLAY

Address: LA VALLEY GARDENS

COLLIER'S WOOD LONDON

Postcode: SW19 2US

Tel No:

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/Ms): KEITH BROWN

Address: RUTHERFORD COURT

MAN. CO. LA VALLET

GARDENS

Postcode: SW19 2US Tel No: [REDACTED]

Number of appliances tested: 2

### APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOILER	IDEAL	24 PRO EXCLUSIVE	YES	YES	RS
KITCHEN	HOB	MOTTAT	4 PLATES	YES	YES	FL

### INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
24.3kW 20mbar	0.0005	0.0005	YES YES	YES YES	YES NA	PASS NA	YES NO	YES YES

**DEFECT(S) IDENTIFIED** If Warning/Advice Notice issued insert serial No:

Gas installation pipework satisfactory visual inspection, Yes/No YES

Emergency Control Valve accessible Yes/No YES

Satisfactory gas tightness test Yes/No/NA YES

Equipotential bonding satisfactory Yes/No YES

Audible Carbon Monoxide Alarm Tested Yes/No YES

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

### MEDICAL ACTION TAKEN

This Safety Record issued by: Signed Z. F. B.

Print Name: ZOLTAN BUDAY Tenant/Landlord/Agent/Home Owner

Received by: Signed KB

Date appliance(s)/flue(s) checked: 18.03.2022

M 233429

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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**Registered Business Details** Gas Safe Registered No:  5  8  5  4  1  7

Engineer: ZOETAN GUDAY (Print name)

Safe ID card licence No: 5146 286

Company: DL HEATING LTD

Address: UNIT 1, SOHO MILLS

MOON ROAD HACKBURY

Code: 516 7HU Tel No: 07836599757

**Job Address**

Name (Mr/Mrs/Miss/Ms): FLAT 4 RUTHERFORD COURT

Address: 1. A LAKEY GARDENS

CEAVERS WOOD LONDON

Postcode: SW19 2NS

Tel No:

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/Ms): KEITH BROWN

Address: LUTHERFORD COURT

MAL. CO. AVALLEY

GARDENS

Postcode: SW19 2NS Tel No:

Number of appliances tested: 2

### APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOILER	BAW WORM	DEFACOM 2LC	YES	YES	RS
KITCHEN	HOB	STOVES	NEW HOME	YES	YES	FL

### INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
<u>24.00</u>	<u>0.9008</u>	<u>0.9007</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>PASS</u>	<u>YES</u>	<u>YES</u>
<u>20mb</u>	<u>-</u>	<u>-</u>	<u>YES</u>	<u>YES</u>	<u>NA</u>	<u>NA</u>	<u>NO</u>	<u>YES</u>

### DEFECT(S) IDENTIFIED

NO EARLY BONDING AT GAS HEATER

NO FSD ON GAS HOB

### MEDIAL ACTION TAKEN

ADVICE

ADVICE

If Warning/Advice Notice issued insert serial No\*

Gas installation pipework satisfactory visual inspection Yes/No  YES

Emergency Control Valve accessible Yes/No  YES

Satisfactory gas tightness test Yes/No/NA  YES

Equipotential bonding satisfactory Yes/No  YES

Audible Carbon Monoxide Alarm Tested Yes/No  YES

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

This Safety Record issued by: Signed ZOETAN GUDAY

Print Name: ZOETAN GUDAY

Received by: Signed KB Tenant/Landlord/Agent/Home Owner

Date appliance(s)/flue(s) checked: 18-03-2022



al No: **M 231880**

# LANDLORD/HOMEOWNER GAS SAFETY RECORD



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**Registered Business Details** Gas Safe Registered No: **5185417**

Engineer: **EDUAN BUONAY** (Print name)

Safe ID card licence No: **5746286**

Company: **SI HEATING LTD**

Address: **UNIT 1, SOLIS MILLS, LONDON ROAD, HALE, BRIDGE, M16 7JW**

Postcode: **DB96 9PS** Tel No: \_\_\_\_\_

**Job Address**

Name (Mr/Mrs/Miss/Ms): \_\_\_\_\_

Address: **Floor 5 - RUTHERFORD COURT, 1. VALETT GARDENS, COLLIERIES WOOD, LONDON**

Postcode: **SW19 2US** Tel No: \_\_\_\_\_

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/Ms): **K. BROWN**

Address: **RUTHERFORD COURT, MALDEN, S.W. 19 2US**

Postcode: **SW19 2US** Tel No: \_\_\_\_\_

Number of appliances tested: **2**

## APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOILER	BIASI	M90E 24S	YES	YES	RS
KITCHEN	WOM	DIPLOMAT	4 PLATES	YES	YES	FL

## INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination condition satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
<b>26.60 kW</b>	<b>0.0226</b>	<b>0.0005</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>PASS</b>	<b>YES</b>	<b>YES</b>
<b>2.2 mbar</b>			<b>NA</b>	<b>YES</b>	<b>NA</b>	<b>NA</b>	<b>NO</b>	<b>YES</b>

## DEFECT(S) IDENTIFIED

**NO ISO ON GAS WOM**

If Warning/Advice Notice issued insert serial No\* \_\_\_\_\_

Gas installation pipework satisfactory visual inspection Yes/No **YES**

Emergency Control Valve accessible Yes/No **YES**

Satisfactory gas tightness test Yes/No/NA **NO**

Equipotential bonding satisfactory Yes/No **NO**

Audible Carbon Monoxide Alarm Tested Yes/No **YES**

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

## MEDIAL ACTION TAKEN

**ADVICE**

This Safety Record issued by: Signed **EDUAN BUONAY** 2-8-22

Print Name: \_\_\_\_\_

Received by: Signed \_\_\_\_\_

Date appliance(s)/flue(s) checked: **22.10.2022**

Tenant/Landlord/Agent/Home Owner \_\_\_\_\_

M 231881

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations.

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**Registered Business Details** Gas Safe Registered No: 585417  
 Engineer: LOLTAN BUDRY (Print name)  
 Safe ID card licence No: 5146286  
 Company: SL H SAFETY LTD  
 Address: UNIT 1, SOKO MILLS  
2 WOOD ROAD HAREFIELD  
 Postcode: SL6 7AU Tel No: 2983695151

**Job Address**  
 Name (Mr/Mrs/Miss/Ms): FRAT G. BUTTERFORD COM  
 Address: 1. VALLEY GARDENS  
CULVERS WOOD LONDON  
 Postcode: SE19 2US  
 Tel No: \_\_\_\_\_

**Landlord (or where appropriate their agent)**  
 Name (Mr/Mrs/Miss/Ms): L. BREA  
 Address: ROBERTO COURT MARCO  
1. A VALLEY GARDENS  
 Postcode: SE19 2US Tel No: \_\_\_\_\_  
 Number of appliances tested: 2

### APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BURNER	DIASI	MADE 245	YES	YES	RS
KITCHEN	HOB	DIPLOMAT	4 PLATES	YES	YES	FL

### INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
26.6:kw 20.4	0.004	0.0003	YES NA	YES YES	YES NA	PASS NA	YES NO	YES YES

### DEFECT(S) IDENTIFIED

NO FSD OR GAS HOB

If Warning/Advice Notice issued insert serial No:

Gas installation pipework satisfactory visual inspection Yes/No  No  
 Emergency Control Valve accessible Yes/No  No  
 Satisfactory gas tightness test Yes/No/NA  No  
 Equipotential bonding satisfactory Yes/No  No  
 Audible Carbon Monoxide Alarm Tested Yes/No  No

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

### MEDIAL ACTION TAKEN

ADVICE

This Safety Record issued by: Signed LOLTAN BUDRY  
 Print Name: LOLTAN BUDRY  
 Received by: Signed FRAT G. Tenant/Landlord/Agent/Home Owner  
 Date appliance(s)/flue(s) checked: 22-10-2021



al No: **M 231878**

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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**Registered Business Details** Gas Safe Registered No: **585417**

Engineer: **DOCTAN BUDON** (Print name)

Safe ID card licence No: **5146886**

Company: **SL HEATING LTD**

Address: **UNIT 1, SOBE WICKS, OXWOOD ROAD, WACKENING, SHELTON, WILT**

Postcode: **SN6 7BA** Tel No: **01753 655351**

**Job Address**

Name (Mr/Mrs/Miss/MS): **TRA. J. LUTHER FOLD**

Address: **COURT 1, VALLEY GARDENS, SILL 19 RNS**

Postcode: **SN6 19 RNS**

Tel No:

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/MS): **K. P. BROWN**

Address: **PLUTERFORD COURT, MA. CO. A. VALLEY GDS**

Postcode: **SN6 19 RNS** Tel No:

Number of appliances tested: **2**

## APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOLCKE HOB	BATI	COMBI BOE H PIPES	YES	YES	RS
KITCHEN		NA		YES	YES	FL

## INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination condition satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
26.3kw	0.0004	0.0004	YES	YES	YES	PASS	YES	YES
0.1	-	-	NA	YES	NA	NA	NO	YES

**DEFECT(S) IDENTIFIED**  
**NO FSP OULAS WORKS**

**MEDIAL ACTION TAKEN**  
**ADVICE**

**IF WARNING/ADVICE NOTICE ISSUED INSERT SERIAL NO\***

Gas installation pipework satisfactory visual inspection  Yes  No

Emergency Control Valve accessible  Yes  No

Satisfactory gas tightness test  Yes  No/NA

Equipotential bonding satisfactory  Yes  No

Audible Carbon Monoxide Alarm Tested  Yes  No

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

This Safety Record issued by: Signed **DOCTAN BUDON**

Print Name: **DOCTAN BUDON** Tenant/Landlord/Agent/Home Owner

Received by: Signed **TRA. J. LUTHER FOLD**

Date appliance(s)/flue(s) checked: **22-10-2021**



M 233426

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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**Registered Business Details** Gas Safe Registered No:  B  S  L  1  7  
 Engineer: ROLAND BUDAY (Print name)  
 Gas ID card licence No: 5146286  
 Company: SL HEATING LTD  
 Address: UNIT 1, SOHO TILLS  
ONDON ROAD NACK BRIDGE  
 Postcode: SE16 7HL Tel No: 0783659951

**Job Address**  
 Name (Mr/Mrs/Miss/Ms): TEAT & RUTHERFORD COURT  
 Address: 1.1 VALLEY GARDENS  
COLLIER'S WOOD LONDON  
 Postcode: SE19 2NS  
 Tel No:

**Landlord (or where appropriate their agent)**  
 Name (Mr/Mrs/Miss/Ms): KENTH BROWN  
 Address: RUTHERFORD COURT, MA  
CO 19 VALLEY GDN'S  
 Postcode: SE19 2NS Tel No: [REDACTED]  
 Number of appliances tested: 2

### APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/FL/Needs a Key
KITCHEN	BOLLER	BAXI	COMBI BODERO	YES	YES	RS
KITCHEN	HOB	INDESI	4 PLATES	YES	YES	FL

### INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
26.3kW	0.0004	0.0003	YES	YES	YES	PASS	YES	YES
20mb	-	-	YES	YES	NA	NA	NO	YES

**DEFECT(S) IDENTIFIED** If Warning/Advice Notice issued insert serial No\*  
 \_\_\_\_\_

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

Gas installation pipework satisfactory visual inspection Yes/No  No  
 Emergency Control Valve accessible Yes/No  No  
 Satisfactory gas tightness test Yes/No/NA  No  
 Equipotential bonding satisfactory Yes/No  No  
 Audible Carbon Monoxide Alarm Tested Yes/No  No

**MEDIAL ACTION TAKEN**  
 \_\_\_\_\_

This Safety Record issued by: Signed ROLAND BUDAY  
 Print Name: ROLAND BUDAY  
 Received by: Signed [Signature] Tenant/Landlord/Agent/Home Owner  
 Date appliance(s)/flue(s) checked: 18.03.2022

Gas No: **M 231879**

# LANDLORD/HOMEOWNER GAS SAFETY RECORD



This form allows the recording of the results of the required checks as defined by the Gas Safety (Installation and Use) Regulations. The information recorded on this form does not confirm that the installation was installed by a Gas Safe registered engineer or that the installation complies with any relevant Building Regulations. 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.

**Registered Business Details** Gas Safe Registered No: **5185417**

Engineer: **ROLAND PUGH** (Print name)

Safe ID card licence No: **5146286**

Company: **SL HEATING LTD**

Address: **UNIT 1, SOUB MILLS**

Postcode: **MOON OAD HACKINGRIDGE**

Telephone: **576744** Tel No: **0783659951**

**Job Address**

Name (Mr/Mrs/Miss/Ms): **FLAY RUTHERFORD COURT**

Address: **1. VALLEY GARDENS**

Postcode: **SW19 2US**

Tel No:

**Landlord (or where appropriate their agent)**

Name (Mr/Mrs/Miss/Ms): **K. PUGH**

Address: **RUTHERFORD COURT MA. CO**

Postcode: **SW19 2US** Tel No:

Number of appliances tested: **2**

### APPLIANCE DETAILS

Location	Appliance type	Make	Model	Landlord's appliance Yes/No/NA	Appliance inspected Yes/No	Flue type OF/RS/EL/Needs a Key
KITCHEN	BOLLER	WORCESTER	WESPAE RAJINDA	YES	YES	RS
KITCHEN	HOB	SIEMENS	NEW HOME	YES	YES	FL

### INSPECTION DETAILS

Operating pressure in mbar or heat input kW/h or Btu/h	Initial combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Final combustion performance reading (if applicable) CO:CO2 ratio/CO2/CO	Safety device(s) correct operation Yes/No/NA	Ventilation satisfactory Yes/No	Chimney/flue and termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
21.66 kPa 20.5	0.0008	0.0008	YES NA	YES YES	YES NA	PASS NA	YES NO	YES YES

**EFFECT(S) IDENTIFIED**

**NO FSD OR GFS HOV**

**if Warning/Advice Notice issued insert serial No\***

**NEXT SAFETY CHECK DUE WITHIN 12 MONTHS**

Gas installation pipework satisfactory visual inspection Yes/No  No

Emergency Control Valve accessible Yes/No  No

Satisfactory gas tightness test Yes/No/NA  No

Equipotential bonding satisfactory Yes/No  No

Audible Carbon Monoxide Alarm Tested Yes/No  No

**MEDIAL ACTION TAKEN**

**ADVICE**

This Safety Record issued by: Signed **R. Pugh**

Print Name: **ROLAND PUGH** Tenant/Landlord/Agent/Home Owner

Received by: Signed **KB** Tenant/Landlord/Agent/Home Owner

Date appliance(s)/flue(s) checked: **22.10.22**