

Serial No

MAGSS 303543

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 or by calling 0800 408 5500.



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

Details of Registered Business
 Gas Safe Register No 533518
 Registered Engineer's Name S. FIFE
 Gas Safe Register Licence Number 4867127
 Business RW BELL
 Address UNIT 4, 34 ATHOL RD,
PITLOCHRY
 Postcode PH16 5BX
 Contact No 01796 472 263

Details of Site
 Name (Mr/Mrs/Miss/Ms) _____
 Address DUNOBY COTTAGE
TAYBRIDGE DRIVE
ABERFELDY
 Postcode _____
 Contact No _____

Details of Customer/Landlord (or agent where appropriate)
 Name (Mr/Mrs/Miss/Ms) SPICER
 Address TAYBANK
TAYBRIDGE DRIVE
ABERFELDY
 Postcode PH15 2BP
 Contact No _____

Number of Appliances tested 2

select appropriate and relevant
 Outcome of gas installation pipework visual inspection? Pass / Fail / NA
 Outcome of gas supply pipework visual inspection? Pass / Fail / NA
 Is the Emergency Control Valve access satisfactory? Pass / Fail
 Outcome of gas tightness test? Pass / Fail / NA
 Is the 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 KITCHEN	Boiler	WORCESTER	36001 COMBI	YES	YES	R/S
2 KITCHEN	HOB	LEISURE	ER90F232	YES	YES	F/L
3						
4						

Inspection Details									
Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory or heat input Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
2omb	PASS	YES	PASS	PASS	0.0006	YES	YES	PASS	YES
2omb	PASS	YES	N/A	NA	—	YES	YES	PASS	YES
3									
4									

Defect(s) Identified	GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
2		
3		
4		

Remedial Action Taken numbering should correspond to defects above.
 1 _____
 2 _____
 3 _____
 4 _____

Details of Work carried out

Record issued by: Signature [Signature]
 Print Name S. FIFE
Received by: Signature [Signature]
 Date appliance(s)/flue(s) checked 25/2/21

ATTENTION
 Next safety check due by: 25/2/22

* Refer to separate Warning/Advisory Record