

To confirm the validity of the gas operative please contact Gas Safe Register on Tel: 0800 408 5500

Customer Ref No.

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 Registered Installer or that the installation complies with any relevant Building Regulations. Chimneys/flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the chimney/flue integrity, construction and lining has not been carried out.

Registered Business Details
REG NO 543502
Gas operative L Sharland (Print name)
Operative licence No.
Company Sharland Gas Services
Address 16 Carter Road
Postcode NP14 7HW Tel No. 07572010514

Job Address
Name (Mr/Mrs/Miss/Ms)
Address 4 Field Road
Newport
Postcode NP20 4PL
Tel No. 07637 57313

Client Details (if different)
Name (Mr/Mrs/Miss/Ms) Fernando Mendez
Address 28 Clements Gardens
Hove
Postcode BN3 4AP Tel No.
Rented accommodation Yes / No y No. 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
1	Kitchen	Comb	Worcester	GS 440	yes	yes	RS
2	Kitchen	Boiler	New World	NW142	yes	yes	FL
3							
4							

INSPECTION DETAILS

	Operating pressure in mbar or heat input in kW	Initial combustion analyser reading (if applicable)	Final combustion analyser reading (if applicable)	Safety device(s) correct operation Yes/No/NA	Ventilation provision satisfactory Yes/No	Visual condition of chimney/termination satisfactory Yes/No/NA	Flue performance checks Pass/Fail/NA	Appliance serviced Yes/No	Appliance safe to use Yes/No
1	20mb		0.0004	yes	yes	yes	Pass	yes	yes
2	20mb	yes	yes	yes	yes	yes	NA	no	yes
3									
4									

DEFECT(S) IDENTIFIED

1	NO Slewing on gas pipe
2	NO earth bonding at the meter.
3	
4	

If Warning/Advice Notice issued insert serial No. *

Details of work carried out (e.g. Gas safety check/record, Service etc.)

Gas installation pipework satisfactory visual inspection Yes/No y
Emergency Control Valve (ECV) accessible Yes/No y
Satisfactory gas tightness test Yes/No/NA y
Protective equipotential bonding satisfactory Yes/No y

Safety Record issued by: [Signature]
Print Name: Sharland
Received by: [Signature]
Date appliance(s)/chimney(s) checked: 6 2 19

Client/Agent/Home Owner

Key: Top Copy - Gas User/Responsible Person Second Copy - Client Third Copy - Gas Operative

* Refer to separate Warning/Advice Notice

To re-order quote Ref. CP1