

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: 10493

Gas Engineer: MICHAEL SKINNER

Gas Safe registered engineer No: 3894783

Company: ALANMARTIN & SON

Address: 81 MORELAND PARK GDS

Postcode: Tel: 0736649014

INSPECTION/INSTALLATION ADDRESS

Name & Title: J. J. BRUNSWICK PLACE (4F)

Address:

Postcode: Tel: EH10 4GB

Rented: Yes: ☒ No: ☐

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

Name & Title: MR JAMES DUNN

Address: 7 FIVEHILL PLACE

Postcode: Tel:

DESCRIPTION OF WORK CARRIED OUT

GAS SAFETY CAR

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS							
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input 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 serviced Yes/No	Appliance Safe to Use Yes/No
1	CLIPBOARD	1 HEATER	COMB	RS	19	46	NA	NA	6.0008	0.0003	43	PASS	YES	YES	YES	NO	YES
2																	
3																	
4																	
5																	

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	GAS METER NOT SECURED	SECURED WITH PADLOCK
2	NO ON/OFF TAP METER	
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 ☐

Number of appliances tested: 1

This record is issued by: Signed: Michael Skinner Print Name: Michael Skinner Date: 24/10/16

Received on behalf of the Landlord/Home Owner: Signed: Tenant/Agent/Landlord/Home Owner (Delete as applicable) Date:

NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS