



Domestic/Landlord Gas Safety Record

Safety inspection and reporting carried out in accordance with Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure. Unless stated otherwise, no detailed internal inspection of flues (Integrity, Construction and Lining) has been carried out.

Certificate Reference

25 Johnson Rd

Certificate No: 01

Engineers Details

Trading Title: Scott Mee Plumbing Heating And Gas Services

Address: 9 Kirkstone Ave
Heanor
Derbyshire
Post Code: De757uj

Gas Safe No: 670139 Telephone No: 07576807489

Installation Details

Installation Address: 25 Johnson Rd
Nottingham
Post Code: NG72BX

Telephone No:

Client Details

Client Address: Parrhouses
90 Paget St
Loughborough
Post Code: LE11 5DT

Telephone No: 01509 238838

Appliance Details

Inspection Details

	Location	Appliance Type	Make	Model	CO2 Reading (%)	CO Reading (ppm)	Flue Type (OF/RS/FL)	Appliance Inspected (YES/NO/NA/IO) (IO = Visual Inspection Only)	Combustion Analysis Reading (CO/CO2)	Landlords Appliance (YES/NO/NA)	Operating Pressure(mbar) or Heat Input(KW)	Safety Device(s) Correct Operation (YES/NO/NA)	Ventilation Provision Satisfactory (YES/NO)	Visual Condition Of Flue and Termination Satisfactory (YES/NO/NA)	Flue Performance Test (PASS/FAIL/NA)	Appliance Serviced (YES/NO/NA)	Appliance Safe To Use (YES/NO)
1	Bathroom	Combi Boiler	Main	Main	8.9	26	RS	YES	0.0003	YES	19.45 mbar	YES	NA	YES	PASS	NA	YES
2	Kitchen	Hob	Hob	Hob	NA	NA	FL	YES	NA	YES	19.89 mbar	YES	YES	NA	NA	NA	YES
3																	
4																	
5																	

Faults/Notes

Remedial Work Taken

Warning Notice Fixed

1		Recharged expansion vessel	NA
2			
3			
4			
5			

Emergency Control Valve Accessible: Yes No Gas Tightness Satisfactory: YES NO

Gas Installation Pipework Visual Inspection Satisfactory: Yes No

Number of Appliances Tested: Equipotential Bonding: Yes No

NEXT INSPECTION DUE ON OR BEFORE: Installation Pass: Yes No

CO Alarm fitted & working? YES NO Smoke alarm fitted & working? YES NO

Signatures

Report Issued By: Name: Signed: SMee Date:

Report Received By: Name: Signed: SMee Date:

Gas ID Number: