

## Domestic/Landlord Gas Safety Record

Certificate Reference
26 Rothesay Ave

Certificate No: 01

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.

| Engineers Details  |  |   |                |  |      |              | Insta           | Installation Details    |   |  |  |                                       |  | Client Details                                 |  |   |  |                                      |                                      |  |  |
|--|--|---|----------------|--|------|--------------|-----------------|-------------------------|---|--|--|---------------------------------------|--|--|--|---|--|--------------------------------------|--------------------------------------|--|--|
| Trading Title  |  | Scott Mee Plumbing Heating And Gas Services |                |  |      |              |                 | allation<br>Iress       |   |  |  |                                       |  | Client<br>Address                              |  | ouses   |  |                                      |                                      |  |  |
| Address  |  | 9 Kirkstone Ave                             |                |  |      |              |                 | 11033                   | 26 Rothesay Ave   |  |  |                                       |  | Address  | 90 Pa  | 90 Paget St<br>Loughborough   |  |                                      |                                      |  |  |
|  |  | Heanor                                      |                |  |      |              |                 |                         | Nottingham  |  |  |                                       |  |  | Lough  |   |  |                                      |                                      |  |  |
|  |  | Derbyshire                                  |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
|  |  | Post Code: De757uj                          |                |  |      |              |                 | Post Code: NG71PU       |   |  |  |                                       |  |  |  | F   | ost Coc                                    | de: LE11 5                           | DT                                   |  |  |
| One Onto No  |  | 670420 Telephone No. 07576907499            |                |  |      |              | ╡               | Tolonhone N             |   | a. [   |  |                                       |  | Telephone No: 01509 23883                      |  |   |  |                                      |                                      |  |  |
|  | s Safe No:   | 670139 Telephone No: 07576807489            |                |  |      |              |                 | Telephone N             |   |  |  |                                       |  | Telephone No: 01509 23883                      |  |   | 30   |                                      |                                      |  |  |
| Ap   | opliance De  | etails                                      |                |  |      |              |                 |                         |   | Inspec   | tion Det                                   | ails                                  |  |  |  | _   |  |                                      |                                      |  |  |
|  | Locatio  | on  | Appliance Type |  | Make | Model        | CO2 Reading (%) | CO Reading (ppm)        | FlueType<br>(OF/RS/FL)  | Appliance<br>Inspected<br>(YES/NO/NAVIO)<br>(VID = Vieual Inspection Only) | Combustion<br>Analysis Reading<br>(CO/CO2) | Landlords<br>Appliance<br>(YES/NO/NA) | Operating Pressure(mbar) or Heat Input(KW) | Safety Device(s) Correct Operation (YES/NO/NA) | Ventilation<br>Provision<br>Satisfactory<br>(YES/NO) | Visual Condition<br>Of Flue and<br>Termination<br>Satisfactory<br>(YES/NO/NA) | Flue Performance<br>Test<br>(PASS/FAIL/NA) | Appliance<br>Serviced<br>(YES/NO/NA) | Appliance<br>Safe To Use<br>(YES/NO) |  |  |
| 1  | Bathroo  | om  | Combi Boiler   |  | Main | Main         | 8.9             | 27                      | RS  | YES  | 0.0003                                     | YES                                   | 19.87 mbar                                 | YES  | NA   | YES   | PASS                                       | NA                                   | YES                                  |  |  |
|  | 2  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| <del>                                     </del>                     |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| 3  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  | <u> </u>                             |                                      |  |  |
| 4  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| 5  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| Faults/Notes   |  |   |                |  |      |              |                 | Rem                     | Remedial Work Taken   |  |  |                                       |  |  |  |   | Warning Notice Fixed                       |                                      |                                      |  |  |
| 1  |  |   |                |  |      |              |                 |                         | Recharged expansion vessel  |  |  |                                       |  |  |  |   |  | NA                                   |                                      |  |  |
| 2  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| 3  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |
| 4  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  |   | +  |                                      |                                      |  |  |
| 5  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  |  |  | +   |  |                                      |                                      |  |  |
| Accomplete Tyes Cas rightness Satisfactory. Tyes                     |  |   |                |  |      |              |                 |                         | Gas ID Number:  |  |  |                                       |  |  |  |   |  | 5369108                              |                                      |  |  |
| Gas Installation Pipework Visual Inspection Satisfactory:  Yes  Nam  |  |   |                |  |      |              |                 |                         |   |  |  |                                       |  | SMee Date:                                     |  |   | : Mon-31                                   | Mon-31-Jul-2023                      |                                      |  |  |
| Northwest Application Tested To the Control of December 1997         |  |   |                |  |      |              |                 |                         | port Received By:   |  |  |                                       |  |  |  | _   |  |                                      |                                      |  |  |
| NEXT INSPECTION DUE ON OR BEFORE: Wed-31-Jul-2024 Installation Pass: |  |   |                |  |      | on Pass: Yes | 1               | Name: Scott Mee Signed: |   |  |  |                                       |  | Srue   | Snue Date:   |   |  | Mon-31-Jul-2023                      |                                      |  |  |
| СО   | CO Alarm fitted & working? YES Smoke alarm fitted & working? YES |   |                |  |      |              |                 |                         | This Gas Safety Report was created by Gas Checker Software all rights reserved www.qaschecker.co.uk |  |  |                                       |  |  |  |   |  |                                      |                                      |  |  |