LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 6284587

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: 179341
Company: NJ PLUMBING & HEATING
Address: 11 ROMSLEY CLOSE
WALSALL
Postcode: WS4 1AF
Tel: 01922 601324

INSPECTION / INSTALLATION ADDRESS

Name & Title:
Address: [redacted]
LICHFIELD ROAD
RUSHALL
WALSALL
Postcode: WS4 1GA Tel:

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

Name & Title: MR. [redacted]
Address: [redacted]
WAYSIDE GARDENS
WILLENHALL
Postcode: Tel:

Number of appliances tested: 02

	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 flue 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 Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	BATHROOM	BAXI 800	CHB	RS	30KW	YES	NA	NA	NA	8.7	YES	PASS	YES	YES	YES	YES	YES	YES
2	KITCHEN	NO NAME HOB	CKR	FL	20mb	NA	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	NO	YES
3																		
4																		
5																		

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

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	WARNING NOTICE ISSUED Yes/No/NA ★	WARNING TAG or LABEL FIXED Yes/No/NA
1				
2				
3				
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes ✓ No ___ N/A ___ Are CO Alarms in Date: Yes ✓ No ___ N/A ___ Testing of CO Alarms Satisfactory: Yes ✓ No ___ N/A ___ Smoke/Heat Alarms Located & Fitted correctly**: Yes ✓ No ___ N/A ___

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE: 24/07/27

ISSUED BY (GAS ENGINEER)

Print Name: N. WALTERS Signed: [signature]
Licence No: 6001687 Issue Date: 24-07-26

RECEIVED BY

Received By: LANDLORD (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit ☐
Signed: [signature] Print Name: J.S. MOORE

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented) BF452602 ★ IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD Form Ref. REGP45

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