Domestic Landlord / Homeowner Gas Safety Record

Date:	21st October 2021	Ref:	
	639844	Serial no:	GAUK00390673



Contact Number:		the second of the second of	11/ 9/3/30: /4	COLOCAL INCIDENT
A LA VIII - LA		Contact Number:	0703030853/	O LANGE TO SERVICE TO
				. 000000.
Postcode: Nwo 40J	Nw6 2hx	Postcode:	Nw2 4li	Postcode:
			Car	
CX	CK.		l lk	
III.			LOHDOH	
Ефпафп	London		l podos	
		_	Colocia	
	224 iverson road		London	
			Id Cidilitiat toda	Address:
Address: Fiat 2, 29 Gierilocii Adad	3hampstead west	Address:	15 Craphuret road	Address
			10000000	Ndille.
Name:	London District	Name:	HG Heating	Mama
			Contract of the second of the	
Details of Site	Details of Landlord / Homeowner (or agent where appropriate)	Details of Land	Details of Registered Business	
Described of Oil				

15	Collect Notificer. of Soszsooza	230027								
				Appliance Details	g	- September 1			Final check results	
				- Applications				7 1	Outcome of rest tightness test	Pass
	Location	Туре	Manufacturer	Model	Owned by Landlord		Appliance Inspected?	Flue Type	Outcome of gas ugniness test	1 633
` -	Location	77		Eco elite 25 combi	Yes	Yes		Room sealed	Is the main protective equipotential bonding satisfactory?	Yes
_	Barnroom							fan flue	Is the emergency control accessible?	Yes
9	Kitchen	Hob	Bosch	Gas	Yes	Yes		Flueless	Satisfactory visual inspection of gas installation pipework?	Yes
	Section 18 and 1			Inspection Details	n				CO alarm fitted and working?	Yes
	Onerating Pressure	Safety devices	Satisfactory	Visual condition of Flue operation		Combustion	Was appliance	Was appliance Is appliance safe	Notes	
	(mbars) or heat input operating correctly? Ventilation?	operating correctly?		flue & termination.		analyser reading.	g. serviced?	to use?		
	(kW/h)									
-	25 kW/h	Yes	Yes	Pass P	Pass Na	a	8	Yes		
								X		

Pass

Na

No

Yes

			21st October 2022		Next Inspection is Due Before:		
Gas Safe Licence	Gas Engineer				Signature:		
639844 Date 21st October 2021	Hasan Gashi		CAN I		222	Record Issued By:	
			Position	Name	Signature:		
			Date 21st October 2021			Received By:	

This record can be used to document the outcome of checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business / engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

LABWS507787

/HOMEOWNER GAS SAFETY RECORD

Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a resultof visual inspection only and are recorded where appropriate Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500 Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed.



Gas safe is a registered trade mark of HSE and is

Details of Registered Business	Appliance Details	
Gas Safe Register No 469025 U	Location of Type Manufacturer Model Landlord/Homeowner Yes/No Yes/No	Type of flue
Gas Safe Register Licence Number 1.46 J 0 254	2 Kitcher Hois ROSK H. ROSCH YEST Y	her tel
Address 1 50 12 12 12 12 12 12 12 12 12 12 12 12 12	4 4	
Londs	Inspection Details	
Postcode NW 2 4 LJ Contact No	Operating Operation Ventilation Visual condition Flue operation Combustion Appliance CO Alarm pressure in of safety satisfactory of flue and mbar and/ device(s) or heat input or heat input (ff applicable)	SAFE TO USE
Details of Site	Pass/Fail/NA Yes/No Pass/Fail/NA Pass/Fail/NA Yes/No W	Yes/No
Name (Mr/Mrs/Miss/Ms) + Cot 2 2 2 9	2 7:3 Pass yes NO YE YES	200
(Frentoch For	4	
Loudin	Safety Related Defect(s) Identified GIUSP classification warning eg. AR, ID Werning	Warning/Advisory Record insert form serial No*
Postcode NW S 411		
	3	
Details of Customer/Landlord (or agent where appropriate)	4	
Name (Mr/Mrs/Miss/Ms)	Remedial Action Taken numbering should correspond to defects above.	
London Distrikt	3	
Postcode Ww 3	Details of Work carried out	
Contact No		
Number of Appliances tested	* Refer to separate V	* Refer to separate Warning/Advisory Record
Outcome of gas installation pipework visual inspection? Outcome of gas supply pipework visual inspection? Is the Emergency Control Valve access satisfactory? Outcome of gas tightness test? Is the Protective Equipotential bonding satisfactory?	Fail / NA Record issued by: Signature H: Gord Fail / NA Received by: Signature Fail / NA Print Name Received by: Signature Fail / NA Pass / Fail Pass / Fail Date appliance(s)/flue(s) checked	Next safety check due by: (S) (1) SetNouvand

Version 10

Top Copy - Landlord/Homeowner/Managing Agent Green Copy - Tenant Yellow Copy - Registered Business

NO N	ory Record						
2015 Jbpm online i	td. Photoc	opies of this	document :	should not b	e accepte	d as valid	ati

Ox . O	ry Record					
ht © July 2015 Jbpm online	Ltd. Phot	ocopies of 1	his docum	ent should no	ot be accep	ted as valida

7213836 Serial No.

LANDLORD/HOME OWNER GAS SAFETY RECORD

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



This form allows the recording of the results of the required checks as defined by the Cas Safety (Installation and Use) Regulations.

Chimney systems were inspected visually and checked for satisfactory evacuation of products of combustion, a detailed internal inspection of the chimney system has not been carried out.

This form does not confirm that the installation was installed by a person licensed by Gas Safe Register nor that the installation compiles with any relevant Building Regulations.

		1		4	W	2	_		4	W	2	-1			4	L	1 2	-	-			턴	РС		A (5	0 7	ς,	
											25	Yes	Satisfactory (Yes/No)	INSP			大いていか	1JATIYKOZI	7			Tel No:	Postcode:		Address:	Company:	ya No.	Registered Business Details	
			OTHER OBSE					DEFECT(S) IDENTIFIED			2110046	Serie 3	or Heat Input (mbar/kW)	INSPECTION / SAFETY CHECKS			Att Olaka	KOKI		Location			W03	RICKI	112	CASCO	511327	ness Details	The I
			OTHER OBSERVATIONS / COMMENTS					DENTIFIED			Viz S	YES	Correct Operation (Yes/No/NA)	GHECKS									KQ	RICKARAS WERTH	TICON LAWR	o	327		The information recorded oil this followed how committees are
			MMENTS								24	1/25	Satisfactory (Yes/No/NA)	Visual Condition			1400	4016/201		Appliance Type		<u>1</u>	P	¥	À	Þ	z	Jc	IIIS IOITH GOES TION COLLINIO
								Warning Notice Serial No.(5)*			24	12085	Performance (Pass/Fail/NA)	Chimney/Flue								Tel No:	Postcode:			Address: FUNT	Name:	Job Address	
24/09/20	DUE BEFORE	SAFETY CHECK	NEXT								١	0 000 5	(If Applicable)	Initial	COMBUSTION		DUS C17	- 1	X / W / W	Make	APPLIANCE DETAILS		1003 A	1	Lowben	N			1
	Received by	Licen	Print Name:					REMEDIAL AC			\		(If Applicable)	Final	BEADING(S)						DETAILS		*00	7) e X	CLANCOCH			
	Received by: Tenant / Landlord / Agent / Other (please state)	4449353	120					IAL ACTION TAKEN			700	6	(Yes/No)	Appliance Serviced	SUMMARY			\	ענה ערעש ז	Model						\$D			
	ent / Other (please state)	353	SMITH								d'ésa)	The state of the s	(Yes/No)	Appliance Safe	MARY				25 cons/	je		No. Of appliances checked	No of appliances	Portrado: AV		Address: —	Name:	Landiord Dec	- Henry J.
Print Name:		Issue Date: .	_ Signed:		Gas Tightness Test Satisfactory	Gas Installation Pip	Main Protective Bo	Emergency Control Valve Satisfactory				(9V)	(Yes/No/NA)	Correctly Installed	AU			アン	1 25	Chimney/Flue type (OF/RS/FL)		11-	checked	ZNX	٤	724 1VA	110	Landlord Details (of whele appropriate their agent)	· !- /
	No one presen	24/69			Satisfactory	Gas Installation Pipework Satisfactory (Visual) Yes/No	Main Protective Bonding Satisfactory (Visual) Yes/No	Valve Satisfactory			NAT.	161	(Yes/No/NA)	In Date	AUDIBLE CO DETECTOR			N.	725	(Yes/No/NA)	-			Tel No.		٤	70 W.S.	Mobilate tries age	into thoir and
	No one present at the time of visit	1/8)	Yes/No/NA	ual) Yes/No	ıal) Yes/No	760			Fill	100	(Yes/No/NA)	Test Satisfactory	TOR			&	\$	(Yes/No)						46		311/	1+2

The state of the s

Keyr Ton Conv — Landlord/Managing Agent/Home Owner Second Copy — Tenant Third Copy — Registered Business

ght © CORGIdirect July 2014. The format and layout ostcode egistered Business Details ompany perative licence No. as operative \ddress : N DEFECT(S) IDENTIFIED REMEDIAL ACTION TAKEN Operating pressure | Initial combustion heat input in kW 6 (32) 6 MBAS 21 1/10/2 CATHROOM in mbar or 大いとはのか Location PUCKIANUS WORTH 277 CASCE The information recorded on this form Chimney systems were inspected v analyser reading 17064 0,0004 (if applicable) 419 7300 REG NO -Tel No. Final combustion analyser reading (if applicable) BEILEA Appliance type 1408 (Print name) Safety device(s) correct operation Yes/No/NA ング MUSPECTION DEVAILS Name (Mr/Mrs/Miss/Ms) Address Fust 2 Ventilation provision Postcode Tel No. satisfactory 122 100 Yes/No MAIN 125 SC 14 Make APPLIANCE DETAILS Swy KONDON satisfactory Yes/No/NA chimney/termination Visual condition of MOSTINETO 66 400 405 ECO PLAN 75 COMP lice Notice Flue performance Pass/Fail/NA 200 53 Model S Gas installation pipework satisfactory visual inspection Yes/No 12/25 Emergency Control Valve (ECV) accessible Yes/No Protective equipotential bonding satisfactory Yes/No Satisfactory gas tightness test Yes/No/NA This Safety Record issued by: Signed. Received by: Signed Print Name. Appliance serviced Yes/No 5 3 Address Number of appliances tested Postcode Landlord's appliance Appliance safe Yes/No/NA Yes/No · /-> checked: to use SES NWE ZHX Tel No. 58% 3 3 724 1VERSON 3 14WH 3 110 LOW DOW Approved CO Is CO alarm 54174 alarm fitted Yes/No/NA Appliance inspected 2 03 公 ググ Yes/No/NA in date 10000 XX ×4/ 23 3 3 Tenant/Landlord/Agent/Home Owner 3 alarm satisfactory Testing of CO CHECK DUE

Yes/No/NA

ed trade mark of the HSE and is used under licence.

3 3

12 MONTHS

MITHIN

SAFETY

NEXT



OF/RS/FL Flue type

Serial No. B6137919

pected visually one and Inch Address	is form does not confirm that the installation was insured by the combustion, a detailed line insured by Landlord (or where approximately and checked for satisfactory evacuation of products of combustion, a detailed line insured by Landlord (or where approximately and checked for satisfactory evacuation of products of combustion, a detailed line insured by Landlord (or where approximately and checked for satisfactory evacuation of products of combustion, a detailed line insured by Landlord (or where approximately and checked for satisfactory evacuation of products of combustion, a detailed line insured by Landlord (or where approximately and checked for satisfactory evacuation of products of combustion, a detailed line insured by the landlord (or where approximately approxima	The recording of the results of the required checks as defined by the Cas salety (not allows the recording of the results of the required checks as defined by the Cas salety (not allows the recording of the results of the required checks as defined by the Cas salety (not allows the recording of the results of the required checks as defined by the Cas salety (not allows the recording of the results of the required checks as defined by the Cas salety (not allows the results) and the recording of the results of the required checks as defined by the Cas salety (not allows the recording of the results of the required checks as defined by the Cas salety (not allows the results) and the results of the required checks as defined by the Cas salety (not allows the results) and the results of the resu	DLORD/HOME OWNER OF	THOME OWNER GAS SAFETY RECOND
Name (Mr/Mrs/Miss/Ms)	Landlord (or where appropriate their agent)	installation complies with any relevant parameter out.	ation and Use) Regulations.	EIY RECOND