

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: _____

Company: **A2B Plumbing, Heating & Gas Repairs Ltd**

Address: **Amit Nanda
2 Cleveland Road
Wigston, Leicester
LE18 1NF**

Postcode: **Reg: 304954
Tel: 07947 409 231**

Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____

Address: **7 Vaughan Street**

Postcode: **LE3 5JN** Tel: _____

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

Name & Title: _____

Address: _____

Postcode: _____ Tel: _____

Number of appliances tested: **2**

APPLIANCE DETAILS						FLUE TESTS				INSPECTION DETAILS							
Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kWh 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 Kitchen	Carver	Boiler	FL	Low	Yes	NA	NA	NA	NA	NA	NA	Yes	Yes	Yes	Yes	NO	Yes
2 "	Porter Pro max	Boiler	RS	High	Yes	NA	NA	NA	0.0009	YES	Pass	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 STICKER FIXED Yes/No/NA
1					
2					
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

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

24/11/21

ISSUED BY (GAS ENGINEER)

Print Name: **Amit Nanda** Signed: _____

Licence No: _____ Issue Date: **21/1/20**

RECEIVED BY

Received By: _____ (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit

Signed: _____ Print Name: _____