

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**
 Amit Nanda
 Address: **2 Cleveland Road**
Wigston, Leicester
LE18 1NF
Reg: 304954
 Postcode: _____ Tel: **07947 409 231**
 Tel: _____

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: **Flu Vaughan Street**

 Postcode: **LE3 5JC** 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 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	Kalor	Wires G/S	Cash	20	Low	Yes	M	M	NA	See note	Yes	Pass	Yes	Yes	Yes	Yes	Yes
2	"	Cash	Hub	20	Low	Yes	NA	NA	M	M	NA	NA	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:

21/1/21

ISSUED BY (GAS ENGINEER)

Print Name: **Amit Nanda** Signed: **[Signature]**
 Licence No: _____ Issue Date: **21/1/20**

RECEIVED BY

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