

REGIA LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 1065898**

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: **5652208**
 Company: **T. Isaac Home Maintenance**
 Address: **92 Oxley Lane**
Dagenham
 Postcode: **RM9 5XD**
 Tel: **07989422090**

INSPECTION/INSTALLATION ADDRESS

Name & Title:
 Address: **3 Link Road**
Canvey Island
 Postcode: **SS8 9JW**
 Tel:

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

Name & Title:
 Address:
 Postcode:
 Tel:
 Number of appliances tested: **120/27**

APPLIANCE 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 low 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	KIT	Main Combi Eco	Hot Water	RS	21MB/Yes	Yes	N/A	N/A	0.0006	0.0002	Yes	Pass	Yes	Yes	Yes	Yes	Yes	Yes	
2	KIT	Hamona	Hot Water	FL	22MB/Yes	N/A	N/A	N/A	-	-	N/A	N/A	Yes	Yes	Yes	Yes	Yes	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

1																			
2																			
3																			
4																			
5																			

RECTIFICATION WORK CARRIED OUT

Audible CO Alarms Fitted: Yes No N/A 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

(Handwritten notes area)

NEXT GAS SAFETY CHECK DUE BEFORE:

09/06/24

ISSUED BY (GAS ENGINEER)

Print Name: **N. SAKKALDIE** Signed: **[Signature]**
 Licence No: **[Blank]** Issue Date: **10-06-23**

RECEIVED BY

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

WARNING * NOTICE ISSUED Yes/No/NA
 WARNING TAG or LABEL FIXED Yes/No/NA