Serial No

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations. 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.

Gas Safe is a registered trade mark of HSE and is used under licence

Details of Registered Business

Gas Safe Register No

Registered Engineer's Name

Gas Safe Register Licence Number

Business

Address

Postcode

Contact No

Details of Site

Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Contact No

Details of Landlord/Homeowner (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms)

Address

Postcode

Contact No

Number of Appliances tested:

Appliance Details

	Location of	Type	Manufacturer	Model	Owned by Landlord /Homeowner Yes/No	Inspected Yes/No	Type of flue
1							
2							
3							
4							

Inspection Details

	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Serviced Yes/No	**SAFE TO USE Yes/No**
1								
2								
3								
4								

Any Defects Identified		GIUSP classification eg. NCS, AR, ID	Warning/Advice Record insert form serial No*
1			
2			
3			
4			

Remedial Action Taken numbering should correspond to defects above

1
2
3
4

Details of Work carried out

* Refer to separate Warning/Advice Notice

select as appropriate and relevant

Outcome of gas installation pipework visual inspection?	Pass / Fail / NA
Outcome of gas supply pipework visual inspection?	Pass / Fail / NA
Is the Emergency Control Valve access satisfactory?	Pass / Fail
Outcome of gas tightness test?	Pass / Fail / NA
Is the Protective Equipotential bonding satisfactory?	Pass / Fail

Record issued by: Signature

Print Name

Received by: Signature *Tenant/Landlord/Homeowner/Agent*

Date appliance(s)/flue(s) checked

ATTENTION

Next safety check due by:

Do not forget to re-order your pads using reference GSR LGSR PAD2 at www.gassafetyshop.co.uk

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

SAMPLE
HOMEOWNERS MAY NOT RECEIVE ONE OF THESE

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