

# GAS INSTALLATION / SAFETY RECORD

Serial No.

4502126

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

<b>Customer / Tenant / Pitch or Location:</b> (delete as applicable) Name: Address:  Postcode Tel No.	<b>Company details:</b> Name: <b>ANGEL GAS AND BUILDING LTD</b> Address: <b>29 BRZARSDALE COURT</b>  LEEDS Postcode <b>LS83NF</b> Tel No. <b>07545601076</b>
<b>Landlord / Letting Agent / Park:</b> (delete as applicable) Name: Address: <b>54 MELVILLE PLACE</b> <b>LEEDS</b>  Postcode <b>LS6 2LZ</b> Tel No.	<b>Gas Safe Registration No.</b> <b>658356</b>  <b>NB. To Customer, Tenant, Landlord or Responsible Person.</b> It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site. Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

<b>Type of Work done:</b> (tick box)	Safety Check <input checked="" type="checkbox"/>	Installation <input type="checkbox"/>	Service <input checked="" type="checkbox"/>	Repairs <input type="checkbox"/>
Meter/Emergency Control Accessible? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Meter and Installation (visible) Pipework Satisfactory? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	Gas Installation Tightness Test Satisfactory? Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>Fuel Type:</b> (tick box) Natural Gas <input checked="" type="checkbox"/> L.P.G. <input type="checkbox"/>	<b>Is the Installation Safe to Use:</b> (Yes/No) <b>YES</b>			

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		BASEMENT	KITCHEN				
OWNER		BOILER	HOB				
TYPE		COMBI	FL				
MAKE		IDEAL	UNKNOWN				
MODEL			5BURNER				
FLUE TYPE	RS/OF/FL	RS	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	Y/S	Y				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	Y				
FLUE VISUAL CHECK	P/F/NA	P	P				
FLUE FLOW SATISFACTORY	P/F/NA	P	P				
SPILLAGE TEST SATISFACTORY	P/F/NA	P	P				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	20.3BAR	20.3BAR				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	NA				
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%	0.003	-				
APPLIANCE SAFE TO USE	Y/N	Y	Y				
WARNING LABEL ATTACHED	Y/N	-	-				
WARNING NOTICE ISSUED	Y/N	-	-				
REASON CODE - ID/AR/NCA		-	-				

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1		
2		
3		
4		
5		
6		

<b>I certify that the above work was carried out by myself on the (date of work done)</b> The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.		Date: <b>8-03-25</b>
Operative Name: (in capitals) <b>DILIP BATEL</b>	Signed: (by Operative) 	Gas Safe Card Serial No.
Customer Name: (in capitals) <b>OLLIE LORAM</b>	Signed: (by Customer) 	Number of Appliances Tested: <b>2</b>