

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 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. 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.

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



Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Details of Registered Business

Gas Safe Register No 2075
Registered Engineer's Name S. OSWALD
Gas Safe Register Licence Number 5252302

Business Address MESSNS NO OSWALD CT
A TRINITY WAY
KESWICK CUMBRIA

Postcode CA12 4LU
Contact No 017687 74269

Postcode CA12 4DL
Contact No 017687 74559

Postcode CA12 4DL
Contact No 017687 72988

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Contact No 017687 74269

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Contact No 017687 74559

Postcode CA12 4DL
Contact No 017687 72988

Safety Related Defect(s) Identified

1 19.9dB PASS

2 YES

3 PASS

4 0.005

5 9.2-9.7

6 YES

7 N/D

8 N/A

9 YES

10 YES

11 YES

12 YES

13 YES

14 YES

15 YES

16 YES

17 YES

18 YES

19 YES

20 YES

21 YES

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25 YES

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**Details of Registered Business**

Gas Safe Register No **Q075**
Registered Engineer's Name **SOSWOLD**
Gas Safe Register Licence Number **5272302**
Business **RENTS IN OSWOLD LTD**
Address **34 RESWICK CUMBRIA**

Details of Site

Name (Mr/Mrs/Miss/Ms) **TENANTED**
Address **34 RESWICK CUMBRIA**

Appliance Details								
	Location of	Type	Manufacturer	Model	Serial Number (if required)	Licensed by Landlord/Homeowner Yes/No	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No
Postcode	CA12 4LZ							
Contact No	01768 714269							
1	19985	PASS	YES	PASS	PASS	YES	N/A	YES
2					00005	YES	N/A	
3					9.2-9.1			
4								

Inspection Details

Safety Related Defect(s) Identified								
	Operating pressure in mbar and/or heat input kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	CO Alarm fitted
Pass/Fail/NA	Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Yes/No	Yes/No	Pass/Fail/NA
1	19985	PASS	YES	PASS	PASS	YES	N/A	YES
2								
3								
4								

GIUSP classification
eg. AR, ID

Warning/Advisory Record
Insert form serial No*

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) **EDUN THOMPSON**
Address **26 5 JOHN STREET**

Remedial Action Taken (numbering should correspond to defects above)

1 **RESWICK CUMBRIA**

2 **CA12 5AF**

3 **01768 72768**

4 **01768 72768**

5 **RESWICK CUMBRIA**

6 **CA12 5AF**

7 **01768 72768**

8 **RESWICK CUMBRIA**

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