

Serial No
LAD 074036

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. 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 **2075**
Registered Engineer's Name **S OSWALD**
Gas Safe Register Licence Number **5752302**
Business **MESSRS M D OSWALD LTD**
Address **A MINNIE WAY**
LESWICK CUMBRIA
Postcode **CA12 4LZ**
Contact No **017687 74269**

Details of Site

Name (Mr/Mrs/Miss/Ms) **TENANTED**
Address **34 ESKIN STREET**
LESWICK
CUMBRIA
Postcode **CA12 4DG**
Contact No **017687 74559**

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) **EDWIN THOMPSON'S**
Address **28 ST JOHNS STREET**
LESWICK
CUMBRIA
Postcode **CA12 5AF**
Contact No **017687 72988**

Number of Appliances tested **ONE**

Appliance Details

Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1 KITCHEN	BOILER	WORLSTEK	18RT/100V	N/A	YES	YES	RIS
2							
3							
4							

Inspection Details

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	CO Alarm tested (if fitted)	SAFE TO USE
1 19.986	PASS	YES	PASS	PASS	0.0005	YES	N/A	N/A	YES
2					9.2-9.2				
3									
4									

Safety Related Defect(s) Identified

	GIUSP classification eg. A/R, ID	Warning/Advisory 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

FLUE STAIL DOWN COMPLETED - SEAL CHANGED - PAN PRESSURE - 4.86Lb

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

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

Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail

ATTENTION

Next safety
check due by:

18/8/23

Tenant/Landlord/Homeowner/Agent

Record issued by: Signature **S OSWALD**
Print Name **S OSWALD**
Received by: Signature **[Signature]**
Date appliance(s)/flue(s) checked **18/08/2022**

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

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Details of Registered Business

Gas Safe Register No 2075
Registered Engineer's Name S OSUND
Gas Safe Register Licence Number 5252302
Business MESSRS M O OSUND LTD
Address 9 MINNIE WAY
LESWICK CUMBRIA
Postcode CA12 4LZ
Contact No 017687 74269

Details of Site

Name (Mr/Mrs/Miss/Ms) TENANTED
Address 34 ESKIN STREET
LESWICK
CUMBRIA
Postcode CA12 4DG
Contact No 017687 74555

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) EDWIN THOMPSON
Address 28 S JOHNS STREET
LESWICK
CUMBRIA
Postcode CA12 5AF
Contact No 017687 72768

Number of Appliances tested

ONE

Appliance Details

	Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	KITCHEN	BOILER	WOKSTRA	18CL/100V	N/A	YES	YES	RIS
2								
3								
4								

Inspection Details

	Operating pressure in mbar and/ kW/h or Btu/h	Operation of safety device(s)	Ventilation satisfactory Yes/No	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1	19.985	PASS	YES	PASS	PASS	0.0005	YES	N/A	N/A	YES
2						9.2-9.2				
3										
4										

Safety Related Defect(s) Identified

	Glusp classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1		
2		
3		
4		

Remedial Action Taken numbering should correspond to defects above.

Details of Work carried out

FLUE STRIP DOWN COMPLETED - SEAL CHANGED - FAN PRESSURE-4.8L-5

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

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

Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail / NA
Pass / Fail

ATTENTION
Next safety
check due by:

18/8/23

Tenant/Landlord/Homeowner/Agent

Record issued by: Signature
Print Name
Received by: Signature
Date appliance(s)/flue(s) checked