

LANDLORD/HOME OWNER GAS SAFETY RECORD Safety Inspection and reporting carried out in accordance with the Gas Safety (Installation and Use) Regulations 1998.

								Cer						Certific	ate Refere	ence:	RB00241		
DETAILS OF THE CONTRACTOR								DETAILS OF THE INS			STALLA			D	ETAILS	OF THE CL	LIENT/L	ANDLOF	<mark>RD</mark>
Trading Title: Address:		Priority Home Service Limited Unit 4, Neepsend Triangle 1 Burton Road Sheffield					Installa Address	Address: Rented 243a Crookesmoor Road Sheffield Client Address: Client Address: Sheffield Sheffield						•					
		Post Code: S3 8BW									Post Code	: S6 3	3FQ				Post Code	: S10 2SR	
Gas Safe No:		539093 Telephone No: 0			phone No: 033	330 9991999 Те			one No:						lephone N	NO:			
APPLIANCE DETAILS																			
1	IV:talaaa	Location			Appliance Type			l d a a		Make		1!-	Model		Flue Type			Appliance Inspected	
1	Kitcher	en			СНВ			Idea	11			Logic plus combi 3		bi 30 RS		Yes		Yes	
3																			
4																			
	PECTIC		ETAILS		1											AUDIBLE (2M	
	Combu Analy Read	stion /ser	Operating Pre in mbar o heat input in	or	Safety Devices Correct Operati		ntilation Pro Satisfacto		Flue and	Condition of d Termination tisfactory	Flue Performa Test		Appliance Serviced	i i	pliance afe To Use		Is CO alarm in date		
1		07,67,8.9 29.97 kw		Yes		Yes		Yes		N/A		Yes		Yes	Yes	Yes	Yes	;	
2																			
3														_					
															& LABEL				
DEFECT(S) IDENTIFIED											AL ACTI		AKEN					ISSU	JED
1																			
2																			
3																			
4																			
Outcor	ne of ga	s instal	llation pipewo	ork visu	al inspection	PASS	Is the Er	mergency	y Contro	Control Valve access satisfactory YES			Οι	Outcome of gas tightness test				PASS	
Outcome of gas supply pipework visual inspection PASS Is the Pr								otective	Equipo	tential bondir	ential bonding satisfactory			NEXT INSPECTION DUE ON OR BEFORE:			27/11/2016		
SIGN	SIGNATURES Report Issued By: Name: Rich Baker								Sigr	ned:	(SR	-		Date I	nspected:	27/11/2015	Gas ID N	o: 3498	3362
Report Received By: Name:									Sigr	ned:				Date R	Received:				

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