LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

GAS INSTALLER: (Trading Title)	The Plumbing and Heating		
Name:	Timur	Gas Safe Register No:	636205
Address:	3A Wilson	Gas Installer Ref. No :	5743443
	Street	Date of Issue:	07, 04, 2025
Post code:	N21 1BP	Time of Issue:	11:20
Tel:	07464 722400	Engineers Name: (print)	Timur

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:

Property Address: Flat 2 Venus Properties LTD
33-39 Montpelier Ct Luton

Post Code LU1 2RQ Tel:

Tenant/Home Owner* present during inspection YES/NO (YES circled)

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:

Address:

Post Code Tel:

Landlord/Agent* present during inspection YES/NO

	APPLIANCE DETAILS					INSPECTION DETAILS						FLUE TEST					RESULTS		
	LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	Kitchen	Whirlpool	AKM 260/IX	Gas Hob	FL	20 mbar	6.8kw	Yes	Yes	Yes	NA	NA	NA	NA	Pass	NA	Yes	Yes	Yes
2	Kitchen	Main	Eco Elite 25	Combi	RS	20 mbar	2.16	Yes	Yes	Yes	NA	Pass	Pass	Pass	Pass	0.0004 33 ppm 9.2 CO2	Yes	Yes	Yes
3																			
4																			
5																			

DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED Yes	NO
1	1			
2	2			
3	3			
4	4			
5	5			

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

This Safety Record is issued by Gas Installer: (SIGNED) [signature]

Received on behalf of Landlord / Home Owner: (SIGNED) [signature]

Tenant/Landlord/Agent/Home Owner* [signature]

Number of appliances tested: two

Date: 7, 04, 2025

ATTENTION

Next safety check due by: 07/04/2026

To re-order quote code 663010-NUM

1542467

ARCTIC HAYES Tools & Consumables

Copies: White - Landlord/Agent/Home Owner Green - Registered Gas Installer Pink - Tenant

* delete as applicable