Regin

ANDLORD/HOME OWNER GA

Report Ref No: 45C 380

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspe ected visually and checked

	Fille App	4	3	2 1		Gas In Pipew	5	4	ω 2 -				Tel:	Dont	Address:	Company	Reg No:	IEREINSIER 101 Sat
OTHER	oved Audible CO Alar d & Located Correctly			B Micz		Installation S work:			Copposi	Location			218	7	s: 11 Law	my: JOD		r Sausiaciory
STWIMICS (ms Yes			2 Jeeg	GIVE	For appliances Satisfactory Visual Inspection:			1/01/1				7242585	5011-95U	350	n l	X PX	011
TS OR OBSERVA	No N/A			S do	GIVE DETAILS OF A	res V		/	Hook essi	e and Mode	APPLIANCE		2		Pork	a Heet	,	or products
YTIONS	Are CO Alarms in Date			none	ANY FAULTS	No Er			tee G	Туре	DETAILS				6	200		or compusur
State of the state	e: Yes No			of Se	S	rd the recorded Emergency Control Accessible:		\	2 PS 194	OF/RS/FL			Postcode: 131		No. Contract of	SS:		INVOIDED A THE
XT GAS AFETY FORE:	N/A			7		'Appliance S Yes	1	/	7-1 yes	Yes	Operating Safety pressure in device(s)		328W	Juden!	Shooks	5 17 19	1	NSTALLATION AD
Print Name: Licence No: Received By Signed:	Testing of CO Alarms Satisfact			New R	RE	Allo Use' response	1		NA NA	Pass/Fail/NA Pass/Fail/			Tel: 74	300	11 Komo	Socologia		DINEESS.
Jany June	tory: Yes			ago la tor	CTIFICATION	ponse is base attisfactory Gas ightness Test:		1	· 3000 - 0	analyser a reading r	3					288		Railli anii ai
JANUA BEEF	No N/A			2	WORK CAF	Yes Wes No	1	1	18 48 60 6	nalyser yes/No/NA Peading	Satisfactory	ž	Nimbor	Poetcodo.			The second second	LANDLO
WED X (6)	Smoke/Heat Ala Located & Fitter			1026	RIED OUT	leck for o	1		1 88 A 80	2 Yes	Flue visual Adequate	or approx	of appliance	3	1	810		ORD (OR AGENT
MEEB CAST AND	Alarms Ye ted correctly**: Ye					Equipotential Bonding Satisfactor	1	1	180 100	Yes/No/NA Yes/No	equate Landlord's Inspected	- 11 (1 E-16)		P 161 9	Bowless	Ormes	0	NAME & ADDI
Owner at time of	No No				WARNING * WARNIN	Y. Yes IV	1	1	78 78	Check Yes/No Yes/No	Appliance Appliance			50002	1	5 600		RESS (if applicable
resent visit	NA				ABEL FIXED Yes/No/NA	1 3			150	Yes/No	Appliance			9				- Cut

Copies:

White

Landlord/Agent/Home Owner

Green

Pink - Tenant (if rented)

BF452404

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref.

REGP45

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