



# Domestic/Landlord Gas Safety Record

Safety inspection and reporting carried out in accordance with Gas Safety (Installation and Use) Regulations and the Gas Industry Unsafe Situations Procedure. Unless stated otherwise, no detailed internal inspection of flues (Integrity, Construction and Lining) has been carried out.

Certificate Reference

Kwilson22

Certificate No: 637734222

### Engineers Details

Trading Title: **Beynons Plumbers & Gas Heating Services**

Address: **81 Ffynnon Dawel  
Aberdulais  
Neath**  
Post Code: SA10 8EN

Gas Safe No: **572669** Telephone No: **01639636217**

### Installation Details

Installation Address: **22 St Albans Rd  
Brynmill  
Swansea**  
Post Code: SA2

Telephone No:

### Client Details

Client Address: **Karen Wilson  
21 Lymbrook Close, South  
Witney  
Oxon**  
Post Code: OX29 6XL

Telephone No: **+447889484423**

### Appliance Details

### Inspection Details

	Location	Appliance Type	Make	Model	Combustion LOW (CO2% or CO/CO2 ratio)	Combustion HIGH (CO2% or CO/CO2 ratio)	Heat Input (KW) or Operating Pressure (Mbar)	CO Reading (ppm)	Appliance Inspected (YES/NO/NA)	FlueType (OF/RS/FL)	Landlords Appliance (YES/NO/NA)	Safety Device(s) Correct Operation (YES/NO/NA)	Ventilation Provision Satisfactory (YES/NO)	Visual Condition Of Flue and Termination Satisfactory (YES/NO/NA)	Flue Performance Test (PASS/FAIL/NA)	Appliance Serviced (YES/NO/NA)	Appliance Safe To Use (YES/NO)
1	Kitchen	Boiler	Vaillant	Pro	000000	0.0009	28 kw	87	YES	RS	YES	YES	YES	YES	PASS	YES	YES
2																	
3																	
4																	
5																	

### Faults/Notes

### Remedial Work Taken

### Warning Notice Fixed

1		
2		
3		
4		
5		

Emergency Control Valve Accessible:  YES Gas Tightness Satisfactory:  YES

Gas Installation Pipework Visual Inspection Satisfactory:  YES

Number of Appliances Tested:  Equipmental Bonding:  YES

NEXT INSPECTION DUE ON OR BEFORE:  Installation Pass:  NA

CO Alarm fitted & working?  NA Smoke alarm fitted & working?  NA

### Signatures

Report Issued By:  Signed:  Date:

Report Received By:  Signed:  Date:

Gas ID Number: