Serial No
8684 856889

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 resultof 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 174537
Registered Engineer's Name B. LEIGH
Gas Safe Register Licence Number 5998735
Business COUNTY PLUMBING SERVICES
Address 5 ARCHERS PARK
EAST PECKHAM, KENT
Postcode TN12 5HP
Contact No 01622 872835

Details of Site

Name (Mr/Mrs/Miss/Ms)
Address 67 GEORGE CAVE ROAD
DITTON, AYLESFORD
KENT
Postcode ME20 6ZA
Contact No

Details of Customer/Landlord (or agent where appropriate)

Name (Mr/Mrs/Miss/Ms) WAYOFLIFE MANAGEMENT LTD
Address 3RD FLOOR
16 HIGH HOLBORN
LONDON
Postcode WC1V 6BX
Contact No

Number of Appliances tested 1

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	BAXI	ASSURE 536	26111006BC	YES	YES	RS
2								
3								
4								

Inspection Details

	~~Operating pressure in mbar and/~~ or heat input kW/h or ~~Btu/h~~	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	SAFE TO USE Yes/No
1	37.8	Pass	YES	Pass	Pass	0.0016	NO	YES
2								
3								
4								

Optional CO/Smoke Alarm Test Details

Requested to test Yes / No

CO Alarm (if fitted) Location	CO Alarm Tested	Smoke Alarm (if fitted) Location	Smoke Alarm Tested
KIT	Pass / Fail	KIT	Pass / Fail
	Pass / Fail		Pass / Fail
	Pass / Fail		Pass / Fail
	Pass / Fail		Pass / Fail

Safety Related Defect(s) Identified

		GIUSP classification eg. AR, 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, or Further Action Required

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

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

Record issued by: Signature
Print Name B. LEIGH
Received by: Signature
Tenant/Landlord/Homeowner/Agent
Date appliance(s)/flue(s) checked 08-06-2026

ATTENTION

Next safety check due by:
8/6/27
See Notes A and B

Version 12

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