Serial No
8684 852161

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 REGISTER

Gas safe is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 174557
Registered Engineer's Name B. LEIGH
Gas Safe Register Licence Number 5998755
Business COUNTY PLUMBING SERVICES
Address 5 ARCHERS PARK
EAST PECKHAM, KENT
Postcode TN12 5HP
Contact No 01622 872855

Details of Site

Name (Mr/Mrs/Miss/Ms)
Address 63 GEORGE CAVE RD
DITTON
AYLESFORD
KENT
Postcode ME20 6ZA
Contact No

Details of Customer/Landlord (or agent where appropriate)

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

Number of Appliances tested 2

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 33	26203004BC	YES	YES	RS
2	KITCHEN	HOB	ELECTROLUX	KGS6404SX	62126821	YES	YES	FL
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	34.889	Pass	YES	Pass	Pass	0.0013	NO	YES
2	7.536	Pass	YES	NA	NA	—	NO	YES
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 ☐	LAND	Pass ☑ Fail ☐
	Pass ☐ Fail ☐	LOUNGE	Pass ☑ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐
	Pass ☐ Fail ☐		Pass ☐ Fail ☐

Safety Related Defect(s) Identified

	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 21-07-2026

ATTENTION

Next safety check due by:
21/7/27
See Notes A and B

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