

**SERIAL No:** 1480

# **LANDLORD/HOMEOWNER GAS SAFETY RECORD**

**RESET FORM**

|                                                                                   |                  |                   |                               |                                |
|-----------------------------------------------------------------------------------|------------------|-------------------|-------------------------------|--------------------------------|
|  | Details of Plot: |                   | Details of Landlord/Homeowner |                                |
|                                                                                   | Development:     | Snelsmoor         | Company / Name:               | Way Of Life Management Limited |
|                                                                                   | Plot Address:    | 19 Farmstead Lane | Landlord Address:             | 3rd Floor                      |
|                                                                                   |                  | Chellaston        |                               | 6 High Holborn                 |
|                                                                                   | Derby            |                   | London                        |                                |
| E: <a href="mailto:info@prestigeplumbing.co.uk">info@prestigeplumbing.co.uk</a>   | Postcode:        | DE73 6DB          | Postcode:                     | WC1V 6BX                       |
| T: 01530 886768                                                                   | Telephone:       |                   | Telephone:                    |                                |

| Appliance Details |                       |        |              |             |                             |           |              |
|-------------------|-----------------------|--------|--------------|-------------|-----------------------------|-----------|--------------|
|                   | Location of Appliance | Type   | Manufacturer | Model       | Owned by Landlord/Homeowner | Inspected | Type of Flue |
| 1                 | Kitchen               | Boiler | Ideal        | Logic Combi | Landlord                    | YES       | RS           |
| 2                 |                       |        |              |             |                             | YES/NO    |              |
| 3                 |                       |        |              |             |                             | YES/NO    |              |
| 4                 |                       |        |              |             |                             | YES/NO    |              |

| Inspection Details |                                                            |                                              |                                 |                                                       |                                    |                                             |                 |                    |
|--------------------|------------------------------------------------------------|----------------------------------------------|---------------------------------|-------------------------------------------------------|------------------------------------|---------------------------------------------|-----------------|--------------------|
|                    | Operating Pressure in mbar and/or heat input kW/h or Btu/h | Operation of safety devices (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) | Serviced Yes/No | SAFE TO USE Yes/No |
| 1                  | 34.5 KW                                                    | PASS                                         | YES                             | PASS                                                  | PASS                               | 0.0016                                      | NO              | YES                |
| 2                  |                                                            | PASS/FAIL/NA                                 | YES/NO                          | PASS/FAIL/NA                                          | PASS/FAIL/NA                       |                                             | YES/NO          | YES/NO             |
| 3                  |                                                            | PASS/FAIL/NA                                 | YES/NO                          | PASS/FAIL/NA                                          | PASS/FAIL/NA                       |                                             | YES/NO          | YES/NO             |
| 4                  |                                                            | PASS/FAIL/NA                                 | YES/NO                          | PASS/FAIL/NA                                          | PASS/FAIL/NA                       |                                             | YES/NO          | YES/NO             |

| Any Defects Identified |  |  |  | GIUSP classification eg NCS, AR, ID | Warning/Advice Record insert form serial .No* |
|------------------------|--|--|--|-------------------------------------|-----------------------------------------------|
| 1                      |  |  |  |                                     |                                               |
| 2                      |  |  |  |                                     |                                               |
| 3                      |  |  |  |                                     |                                               |
| 4                      |  |  |  |                                     |                                               |

| Remedial Action Taken number should correspond to defects above |  |
|-----------------------------------------------------------------|--|
| 1                                                               |  |
| 2                                                               |  |
| 3                                                               |  |
| 4                                                               |  |

|                             |
|-----------------------------|
| Details of Work Carried out |
|                             |
|                             |
|                             |

| Select as appropriate and relevant                           |      |                                   |             | Attention                      |
|--------------------------------------------------------------|------|-----------------------------------|-------------|--------------------------------|
| Outcome of gas installation pipe pipework visual inspection? | PASS | PRESTIGE ENGINEER: (signature)    |             | Next safety check due by:      |
| Outcome of gas supply pipework visual inspection?            | PASS | PRESTIGE ENGINEER:                | Ryan Poole  | 15-Jun-2027                    |
| Is the Emergency Control Valve access satisfactory?          | PASS | Received by: (signature)          |             |                                |
| Outcome of gas tightness test?                               | PASS | Received by (position)            |             |                                |
| Is the protective equipotential bonding satisfactory?        | PASS | Date appliance(s)/flue(s) checked | 15-Jun-2026 | NUMBER OF APPLIANCES CHECKED 1 |