

SERIAL No: 1619

LANDLORD/HOMEOWNER GAS SAFETY RECORD

|                                                                                                                 |                      |          |                               |            |                                |          |
|-----------------------------------------------------------------------------------------------------------------|----------------------|----------|-------------------------------|------------|--------------------------------|----------|
| <b>PRESTIGE</b><br>Plumbing & Heating<br>Contractors Ltd<br>E: info@prestigep plumbing.co.uk<br>T: 01530 886768 | Details of Plot: 263 |          | Details of Landlord/Homeowner |            | Way Of Life Management Limited |          |
|                                                                                                                 | Development:         |          | Company / Name:               |            | 3rd Floor                      |          |
|                                                                                                                 | Plot Address:        |          | Landlord Address:             |            | 6 High Holborn                 |          |
|                                                                                                                 | Snelismoor           |          |                               |            | London                         |          |
| Postcode:                                                                                                       |                      | DE73 6BQ |                               | Postcode:  |                                | WC1V 6BX |
| Telephone:                                                                                                      |                      |          |                               | Telephone: |                                |          |

| Appliance Details |                       |        |              |                     |                             |           |              |
|-------------------|-----------------------|--------|--------------|---------------------|-----------------------------|-----------|--------------|
|                   | Location of Appliance | Type   | Manufacturer | Model               | Owned by Landlord/Homeowner | Inspected | Type of Flue |
| 1                 | Kitchen               | Boiler | Ideal        | Logic Combi Esp1 35 | Landlord                    | YES       | R/S          |
| 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)<br>Pass/Fail/NA | Ventilation Satisfactory Yes/No         | Visual condition of flue and termination<br>Pass/Fail/NA | Flue operation checks<br>Pass/Fail/NA    | Combustion analyser reading (if applicable) | Serviced Yes/No | SAFE TO USE Yes/No |
| 1                  | 33.44 KW                                                   | PASS <input checked="" type="checkbox"/>        | YES <input checked="" type="checkbox"/> | PASS <input checked="" type="checkbox"/>                 | PASS <input checked="" type="checkbox"/> | 0.0016, 0.0003                              | YES/NO          | YES/NO             |
| 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 MCS, 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 <input checked="" type="checkbox"/> | PRESTIGE ENGINEER: (signature)    | Next safety check due by:      |
| Outcome of gas supply pipework visual inspection?            | PASS <input checked="" type="checkbox"/> | PRESTIGE ENGINEER:                | 4-9-27                         |
| Is the Emergency Control Valve access satisfactory?          | PASS <input checked="" type="checkbox"/> | Received by: (signature)          |                                |
| Outcome of gas tightness test?                               | PASS <input checked="" type="checkbox"/> | Received by (position)            |                                |
| Is the protective equipotential bonding satisfactory?        | PASS <input checked="" type="checkbox"/> | Date appliance(s)/flue(s) checked | NUMBER OF APPLIANCES CHECKED 1 |
|                                                              |                                          | 4-9-26                            |                                |