

Do not use this form as a Landlord's Gas Safety Record

INSPECTION ADDRESS

Name _____
 Address Highfield house, Muir of ord

 Postcode IV6 7XN
 Tel No. _____
 Rented accommodation: YES NO
 Date & Time of issue: 5/3/25 0800
 Engineer's signature: [Signature]

REGISTERED BUSINESS DETAILS

Reg No: 586389
 Gas Engineer: Alister Ewan
 Gas Safe registered engineer No: 573516
 Company: centurion Plumbing Services
 Address: Unit 7A, Industrial estate
Great north road, Muir of ord

 Postcode: IV6 7UA Tel No: 01463 741471

Appliance Test

Make, Model Type details

Does flue system conform to Regulations?

Does ventilation conform to Regulations?

Burner pressures/heat input correct?

Further Information

Make, Model Type details	Does flue system conform to Regulations? YES NO	Does ventilation conform to Regulations? YES NO	Burner pressures/heat input correct? YES NO	Further Information
<u>Flavel Milano 100</u>	<u>N/A N/A</u>	<u>✓</u>	<u>✓</u>	<u>Cooker</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gas Pipework Test

Is the installation gas-tight?
 Have the correct materials been used in the installation?
 Is the installation pipework correctly sized?
 Has main electrical cross bonding been carried out, where appropriate?

YES NO
 ✓ _____
 ✓ _____
 ✓ _____
 _____ ✓

Further Information

No test point sprued with LDF

Emergency Controls Test

Is the emergency control accessible?
 Is the emergency control correctly positioned?
 Is the emergency control correctly labelled?

YES NO
 ✓ _____
 ✓ _____
 _____ ✓

Further Information

Condition of installation

Is the installation safe to use?
 If NO, has a Warning /Advice Notice Report been issued?
 Have the appropriate tags or stickers been affixed?

YES NO
 ✓ _____

Further Information

N/A
N/A

Is remedial work required? (Give details)

Bottles to be chained

Gas User's signature: [Signature]

Print Name: NEIL EDWARDS

Date: 5/3/25