

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

**REGISTERED BUSINESS DETAILS**

Reg No: 226964  
 Company: DSC  
 Address: 2 Fumshaw way  
HOVE  
 Postcode: PL9 9PW  
 Tel: 07766810628

**INSPECTION/INSTALLATION ADDRESS**

Name & Title:  
 Address: 37 Perry Ave  
Mystery  
Plymouth.  
 Postcode:  
 Rented: Yes:  No:  Tel:

**LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)**

Name & Title: Student Homes Plymouth  
 Address: 152 Austin cres  
Eggbuckland  
Plymouth.  
 Postcode: PL6 5AV Tel:

**DESCRIPTION OF WORK CARRIED OUT**

Gas safety.

| APPLIANCE DETAILS |                |             |                    | FLUE TESTS   |  |                            |  | INSPECTION DETAILS                  |                                   |                                    |                                    |                             |                                |                  |                               |                           |                              |
|-------------------|----------------|-------------|--------------------|--|--|----------------------------|--|-------------------------------------|-----------------------------------|------------------------------------|------------------------------------|-----------------------------|--------------------------------|------------------|-------------------------------|---------------------------|------------------------------|
| Location          | Make and Model | Type        | Flue Type OF/RS/FL | Operating pressure in mbar or heat input kW/h or Btu/h | Safety device(s) correct operation Yes/No/NA | Spillage test Pass/Fail/NA | Smoke pellet flue flow test Pass/Fail/NA | Initial combustion analyser reading | Final combustion analyser reading | Satisfactory termination Yes/No/NA | Flue visual condition Pass/Fail/NA | Adequate ventilation Yes/No | Landlord's appliance Yes/No/NA | Inspected Yes/No | Appliance Visual Check Yes/No | Appliance serviced Yes/No | Appliance Safe to Use Yes/No |
| 1 <u>Kitchen</u>  | <u>Brass</u>   | <u>COMB</u> | <u>R/S</u>         | <u>19-21</u>   | <u>SES</u>                                   | <u>N/A</u>                 | <u>N/A</u>                               | <u>0001</u>                         | <u>0007</u>                       | <u>SES</u>                         | <u>PASS</u>                        | <u>SES</u>                  | <u>SES</u>                     | <u>SES</u>       | <u>SES</u>                    | <u>SES</u>                | <u>SES</u>                   |
| 2 <u>Kitchen</u>  | <u>Belling</u> | <u>1200</u> | <u>FL</u>          | <u>21.1</u>  | <u>SES</u>                                   | <u>N/A</u>                 | <u>N/A</u>                               | <u>—</u>                            | <u>—</u>                          | <u>N/A</u>                         | <u>N/A</u>                         | <u>SES</u>                  | <u>SES</u>                     | <u>SES</u>       | <u>SES</u>                    | <u>SES</u>                | <u>SES</u>                   |
| 3                 |                |             |                    |  |  |                            |  |                                     |                                   |                                    |                                    |                             |                                |                  |                               |                           |                              |
| 4                 |                |             |                    |  |  |                            |  |                                     |                                   |                                    |                                    |                             |                                |                  |                               |                           |                              |
| 5                 |                |             |                    |  |  |                            |  |                                     |                                   |                                    |                                    |                             |                                |                  |                               |                           |                              |

*For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only*

Gas Installation Satisfactory Visual Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No

**GIVE DETAILS OF ANY FAULTS**

1 TOP Boiler pressure up.

**RECTIFICATION WORK CARRIED OUT**

| WARNING NOTICE ISSUED * STICKER FIXED Yes/No/NA | WARNING TAG or STICKER FIXED Yes/No/NA |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |

Audible CO Alarms: Approved CO Alarms Fitted: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke Alarms Fitted: Yes  No  N/A

Number of appliances tested: 2 **NEXT GAS SAFETY CHECK DUE BEFORE:** 9 / 1 6 / 21

**ISSUED BY (GAS ENGINEER)**

Print Name: D Ledwood Signed: [Signature] Issue Date: 10/6/20  
 Licence No: \_\_\_\_\_

**RECEIVED BY**

Received By: \_\_\_\_\_ Signed: \_\_\_\_\_  
 (Delete as applicable) Tenant/Agent/Landlord/Home Owner  
 Print Name: \_\_\_\_\_ No one present at time of visit