

# Worksheet / Landlords Gas Safety Record

(delete as applicable)



Registration No. 521634



This Inspection is for Gas Safety purposes only in accordance with the current Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of Flues integrity, construction and lining has not been carried out.

Serial No: C 01817

1. Tenant Name: VOID 2. Landlord Name: Peabody 3. Date: 28/5/24 Job No: .....

Address: 13 Langcliffe drive Address: 45 Westminster Bridge Road Connect Property Services Ltd

MK13 7CA London SE1 7JB 6 Houghton Hall Business Park, Porz Avenue

Telephone: / Houghton Regis, Bedfordshire LUS 5UZ

Tel: 0300 500 3445 Fax 01582 869 200

4. What is the job request? LGSR

5. You must complete the risk assessment process prior to commencing work. Confirm this by entering risk assessment number/s here: 307

### 6. APPLIANCE DETAILS

6.	Location	Type	Make	Model	Age	Overall Condition	Flue Type	Operating pressure mbar kw input	Safety devices working correctly Yes / No or N/A	Ventilation provision sufficient Yes / No or N/A	Vital condition of Flue Pass / Fail or N/A	7. INSPECTION DETAILS		Appliance services Yes or No	L/lands appliance Yes or No	To current standard Yes or No	Unsafe situation status AR or ID or N/A	Safe to Use Yes / No or N/A		
												Flue flow test pass / Fail or N/A	Spillage test pass / Fail or N/A						Termination Satisfactory Yes / No or N/A	
1.	Kitchen	ISLE	vallant	ecolux	615	8 years good	15	16.76kw	YES	YES	PASS	W/H	N/A	YES	NO	YES	YES	N/A	YES	
2.																				
3.																				
4.																				
5.																				
6.																				

### 6. ADDITIONAL DETAILS

Gas installation tightness test  Pass  Fail  N/A

Other unsafe situations identified  Yes  No  N/A

Unsafe situations procedure followed  Yes  No  N/A

Is ECV correctly positioned, operable & labelled?  Yes  No  N/A

Uncommissioned label attached  Yes  No  N/A

Pipework installation checked  Where visible  Yes  No  N/A

9. Smoke Detector  Installed  Tested

Quantity 2 Location Hall + Landing Date 28/5/24

\* Delete as applicable only 2029

CO Detectors  Installed  Tested

Quantity 1 Location Kitchen Date 28/5/24

\* Delete as applicable Dec 2022

I confirm that all of the work described on this form has been satisfactorily completed and the times stated are correct.

Date: 28/5/24 Print: Nuff Georg

Signature: [Signature]

### 10. ENGINEERS REPORT

1.	2.	3.	4.	5.	6.
CO ppm	Max	Min	4	4	4
CO2%	9.1	8.9			
Ratio	0.0005	0.0001			

\*Flue integ = 20.9%

\*Gas rate = 1.74w3hr

### EARTH BONDING

Yes  No

### APPLIANCE SERIAL NO.

211649001001853213  
002167 85N6

### ENGINEERS LICENCE NO.

555 0944

### FOLLOW ON REQUIRED

Yes  No

12. Analyst Cap fitted: Yes  No

13. Parts & materials used to complete this job: Is the job complete? Yes  No

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS

This safety record is issued by, Signed: [Signature] Print name: Nuff Georg Date: 28/5/24

Received on behalf of the Landlord, Signed: [Signature] Print name: Nuff Georg Date: 28/5/24

Number of appliances tested 2 0 1