

Your Company Name,
Logo and Details Here

LANDLORD SAFETY CHECK

INSPECTION/INSTALLATION ADDRESS

Name & Title:

Address:

Postcode:

Tel:

LANDLORD (OR AGENT) NAME & ADDRESS

Name & Title:

Address:

Postcode:

Tel:

Safety Record is issued by (Tradesman Signature):

Gass Safe Registration Number:

Received on behalf of Landlord (Tenants Signature):

FLUE PERFORMANCE CHECK

	Location	Flue Flow Pass/Fail	Spillage Pass/Fail	Termination Pass/Fail	Landlords Appliance Yes/No	Label Warning Notice Yes/No
1						
2						
3						
4						
5						

APPLIANCE DETAILS

	Location	Type	Make	Model	Flue Type Of or Rs	Operating Pressure Mbar	Safety Oper- ation Yes/No	Ventilation Satisfactory Yes/No	Flue Condition Pass/Fail
1									
2									
3									
4									
5									

ADDITIONAL SERVICING INFORMATION

- Check Electrical Controls & Thermostat Check Radiator Valves and System
 Check Circulation Pump Inspect Visible Pipework and Fittings
 Check Ball Valves & Taps

GAS INSTALLATION SOUNDNESS TEST

PASS FAIL

ACTION TAKEN

DETAILS OF ANY FAULTS AND RECTIFICATION

NEXT SAFETY CHECK DUE: