

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: 535459

Company: CMM HEATING + PLUMBING

Address: 12 ANDREW'S CLOSE
SOULBURY

Postcode: LU7 0DQ

Tel: 07528160009

INSPECTION/INSTALLATION ADDRESS

Name & Title: SOULBURY PARISH HALL

Address: HIGH RD
SOULBURY

Postcode: LU7 0BT Tel: _____

Rented: Yes: No:

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

Name & Title: _____

Address: _____

Postcode: _____ Tel: _____

DESCRIPTION OF WORK CARRIED OUT

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>HALLWAY</u>	<u>GLOWWORM FLEXI COM</u>	<u>BOILER</u>	<u>RS</u>	<u>17kw</u>	<u>Yes</u>	<u>PASS</u>	<u>NA</u>	<u>0.0009</u>	<u>0.0007</u>	<u>Yes</u>	<u>PASS</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
2																	
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 Pipework: Satisfactory Visual Inspection: Yes No Emergency Control Accessible: Yes No Satisfactory Gas Tightness Test: Yes No Equipotential Bonding Satisfactory: Yes No

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or STICKER FIXED Yes/No/NA
1					
2					
3					
4					
5					

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: ONE **NEXT GAS SAFETY CHECK DUE BEFORE:** 08 / 11 / 22

ISSUED BY (GAS ENGINEER)

Print Name: C. McQuade Signed: C. McQuade

Licence No: 5146666 Issue Date: 09-11-21

RECEIVED BY

Received By: _____ (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit

Signed: _____ Print Name: _____