

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:

Recieved 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

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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: