

*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:

DESCRIPTION OF WORK CARRIED OUT

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									

INSPECTION DETAILS

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						

DETAILS OF ANY FAULTS AND RECTIFICATION

NEXT SAFETY CHECK DUE:

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

Safety Record is issued by (Tradesman Signature): _____

Gass Safe Registration Number: _____

Recieved on behalf of Landlord (Tenants Signature): _____