

LANDLORD SAFETY CHECK

*Your Company Name,
Logo and Details Here*

INSPECTION/INSTALLATION ADDRESS
Name & Title:
Address:
Postcode:
Tel:

LANDLORD (OR AGENT) NAME & ADDRESS
Name & Title:
Address:
Postcode:
Tel:

APPLIANCE DETAILS							
	Location	Type	Manufacturer	Model	Owned by Landlord Yes/No	Inspected Yes/No	Type of Flue
1							
2							
3							
4							

INSPECTION DETAILS								
	Operating Pressure Mbar	Operation Of Safety Devices Pass/Fail	Ventilation Satisfactory Yes/No	Visual Condition Of Flue And Termination Pass/Fail	Flue Opera- tion Checks Pass/Fail	Combustion Analyser Reading	Services Yes/No	Safe To Use Yes/No
1								
2								
3								
4								

ANY DEFECTS IDENTIFIED	GIUSP	WARNING/ADVICE RECORD	ACTION TAKEN
1			
2			
3			

DESCRIPTION OF WORK CARRIED OUT

Record issues by: Signature:
Print Name:
Reviewed by: Signature:
Date appliance(s)/flue(s) Checked:

ATTENTION
Next Safety Check: