Landlord Gas Safety Record

Captures the details regulation 36 requires. Must be completed by a Gas Safe registered engineer.

Details

Landlord / agent name *	
Landlord address	
Property address *	
Tenant name	
Date of inspection *	_____ / _____ / _____
Engineer name *	
Gas Safe registration number *	
Engineer licence number	
Job reference	

Appliances

Appliances 1

Appliance location *	
Appliance type *	☐ Boiler ☐ Fire ☐ Cooker / hob ☐ Water heater ☐ Warm air heater ☐ Other
Make	
Model	
Landlord appliance? *	☐ Yes ☐ No
Flue type *	☐ Room sealed ☐ Open flue ☐ Flueless ☐ Balanced flue
Appliance inspected? *	☐ Yes ☐ No
Operating pressure (mbar) or heat input (kW)	
Combustion reading CO ppm	
CO2 %	
CO/CO2 ratio	
Safety device(s) correct operation *	☐ Pass ☐ Fail ☐ N/A

Ventilation satisfactory *	☐ Pass ☐ Fail ☐ N/A
Flue visual condition *	☐ Pass ☐ Fail ☐ N/A
Flue performance test *	☐ Pass ☐ Fail ☐ N/A
Appliance serviced	☐ Yes ☐ No
Appliance safe to use *	☐ Yes ☐ No

Appliances 2

Appliance location *	
Appliance type *	☐ Boiler ☐ Fire ☐ Cooker / hob ☐ Water heater ☐ Warm air heater ☐ Other
Make	
Model	
Landlord appliance? *	☐ Yes ☐ No
Flue type *	☐ Room sealed ☐ Open flue ☐ Flueless ☐ Balanced flue
Appliance inspected? *	☐ Yes ☐ No
Operating pressure (mbar) or heat input (kW)	
Combustion reading CO ppm	
CO2 %	
CO/CO2 ratio	
Safety device(s) correct operation *	☐ Pass ☐ Fail ☐ N/A
Ventilation satisfactory *	☐ Pass ☐ Fail ☐ N/A
Flue visual condition *	☐ Pass ☐ Fail ☐ N/A
Flue performance test *	☐ Pass ☐ Fail ☐ N/A
Appliance serviced	☐ Yes ☐ No
Appliance safe to use *	☐ Yes ☐ No

Appliances 3

Appliance location *	
Appliance type *	☐ Boiler ☐ Fire ☐ Cooker / hob ☐ Water heater ☐ Warm air heater ☐ Other
Make	
Model	

Landlord appliance? *	☐ Yes ☐ No
Flue type *	☐ Room sealed ☐ Open flue ☐ Flueless ☐ Balanced flue
Appliance inspected? *	☐ Yes ☐ No
Operating pressure (mbar) or heat input (kW)	
Combustion reading CO ppm	
CO2 %	
CO/CO2 ratio	
Safety device(s) correct operation *	☐ Pass ☐ Fail ☐ N/A
Ventilation satisfactory *	☐ Pass ☐ Fail ☐ N/A
Flue visual condition *	☐ Pass ☐ Fail ☐ N/A
Flue performance test *	☐ Pass ☐ Fail ☐ N/A
Appliance serviced	☐ Yes ☐ No
Appliance safe to use *	☐ Yes ☐ No

Installation

Gas tightness test *	☐ Pass ☐ Fail ☐ N/A
Emergency control accessible *	☐ Yes ☐ No
Protective equipotential bonding *	☐ Satisfactory ☐ Unsatisfactory ☐ N/A
CO alarm fitted and tested *	☐ Yes - working ☐ Yes - not working ☐ Not fitted
Defects identified and remedial action	
Warning notice issued? *	☐ Yes ☐ No

Sign-off

Next inspection due *	_____ / _____ / _____
Additional comments	
Engineer name *	

Engineer signature *	
Date signed *	_____ / _____ / _____
Customer name (print)	
Customer signature	

* Required