

GAS SAFETY CERTIFICATE



Details of Registered Business		Appliance Details								
Gas Safe Register No		Location of	Туре	Manufacturer	Model	Owned by		Type of flue		
Registered Engineer's Name	1				1 2 15 2					
Gas Safe Register License Number	2		71							
Business	3			A TOP OF THE PARTY						
Address								<u> </u>		
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Postcode		Operating	Operation D Vev	atte: Aisus condition	Flue operation checks ar		rviced es/No	SAFE TO USE		
Contact No	— + L	IIS PRO	a s Fail NA Yes	/No termination	Pass/Fail/NA	(if app	23/110	Yes/No		
Details of Site			-ntitlE	D ASSITALITINA						
Name (Mr/Mrs/Miss/	D	EFN CI	EKINIL			3.7				
Addresss						~ (
duresss										
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ostcode	An	y De Le Ider	led			eg, NCS	Warnig/Advice insert from se	rial No.		
ontact No.										
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etails of Landlord/Ho	4									
lame (Mr/Mrs/Miss/Ms	Re	medial Action Ta	aken numbering sho	ld om el pon A o del ed s	above.	2				
ddresss	1	- 011	ALIFIEL	KEADI						
17	B '	Y A QU	ALITIE	READY						
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ostcode	De	taToGNATE	rried out		0.00	The Carrie				
ontact No			1100000			July Co				
		2000		•	e de la companya de La companya de la co					
umber of Appliances test e	VI VI	1								
	Z. PIE					DIE	ASEN	OT		
utcome of gas installation piper			issued by: Signature					$\mathbf{U}_{\mathbf{I}}$		
utcome of gas supply pipework visual inspection?	Pass/Fail/I	PHILIN	ame				ot a real	anta		
the Emergency Control Valve ccesss satisfactory?	Pass / Fail	Pacaiva	ed by: Signature				ety Certifi sed as par			
Outcome of gas tightness test?	Pass/Fail/I	VA NA	, ,				dy to Rent			
s the Protective Equipotential bonding satisfactory?	Pass / Fail	Date ap	ppiiance(s)/fiue(s) ch	ecked		trainin	gonly			



GAS SAFETY CERTIFICATE



This is not a real Gas Safety Certificate and is used as part of the **Ready to Rent**

training only

Details of Registered Business		Appliance Details								
Gas Safe Register No	_	Location of	Туре	Manufacturer	Model	Owr	ned by eowner	Inspected -	Type of flue	
Registered Engineer's Name	- 1				2.10.12	IOITIE	sowner		nue	
Gas Safe Register License Number	_ 2		71							
Business	2 34									
Address	-				0.01					
				Inspection I actory of flue and termination Ass/Fail/NA	etails	3	1			
Postcode	-	Operating (peration D Vev	lat ex light condition	Flue operation Cor	n	Service Yes/N	ed S	SAFE O USE	
Contact No	TH	IS PKE	ys Fail NA Yes	/No termination	Pass/Fail/NA (if ap		100,11	Ye	es/No	
Details of Site			-DTIEIF	D AS		13				
Name (Mr/Mrs/Miss/	P	FFN CI	ERIIII			- 2				
Addresss										
	4					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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Postcode	Milly		lea l		eg	, NCS	inse	t from serial	No.	
Contact No							4			
							£			
Details of Landlord/Ho	4			-1/			7			
Name (Mr/Mrs/Miss/Ms	Rer	nedial Action Ta	Lken numbering sho	uld one pon Ato dereo's al	oove.	F 12				
Addresss	- -	/ A OH	ALIFIEL	CREAD SA		-				
	- B	AWU	NIC	SINEER						
-	_ 4	TO DE	VIL FIAC	71110						
Postcode	- Det	ta is SWork car	ried out		of the state of	The state of	100			
Contact No.	- _					- LOW HALL				
Number of Appliances teste	Vi see	S John S	/							
		. 12								
Outcome of gas installation piper sual inspection? Pass	/E 3 /N	IA Barand	issued by: Signature			P	LEAS	SENC	TE	

Print Name _

Received by: Signature_

Date appliance(s)/flue(s) checked

Pass / Fail / NA

Pass / Fail

Pass / Fail / NA

Pass / Fail

Outcome of gas supply pipework visual inspection?

Is the Emergency Control Valve ccesss satisfactory?

Is the Protective Equipotential bonding satisfactory?

Outcome of gas tightness test?