DOE WITHIN 12 MONTHS	Tenant/Agent/Landlord	Tenant/Ag			Sent	\$ Q	No o	gned	the Landlord: Si	Received on behalf of the Landlord: Signed	Recei
NEXT SERVICE CHECK					,			V	Tested:	Number of Appliances Tested:	Numb
	22	-4-ble Date 14-7-	MOSCINO	CI	Print Name		4	Y	sued by: Signed	This safety record is issued by: Signed	This s
							V	11			5
											4
\											ω
PASS FAIL											2
TEST											_
GAS INSTALLATION SOUNDNESS	LABEL AND WARNING NOTICE ISSUED YES/NO		IEEDED	N WORK N	IFICATIO	ND RECT	FAULTS A	DETAILS OF ANY FAULTS AND RECTIFICATION WORK NEEDED	DETAI		
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8	_		S P	yes	1	077	R33	Valor	Fire	Lownine	_
Safe to Use to Test Yes/No	Visual Condition Pass/Fail	Flue Flow Spillage Test Test Pass/Fail Pass/Fail		Correct Operation Yes/No	Pressure mbar	OF or RS				210	
Appliance Requested	ANCE CHECK	FLUE PERFORMANCE CHECK	Ventilation	Safety Device	Operating	FLUE TYPE	MODEL	MAKE	TYPE	LOCATION	
	7	NO DE CALON DE					20	APPLIANCE DETAILS	APPLIAN		
			<u>el:</u>								Tel:
		Rock	() () () () () () () () () () () () () (	Address				(	Yark		
	elopments	more Ue	Cost	Name				1)	hiel	2,47	Name
		AILS	LANDLORDS DETA	LAND					ILS	I ENANTS DETAILS	E
	SERIAL No: 0730		Mobile 07876 492221	Œ	41304	is of out.	evacuation of product g has not been carried	cked for satisfactory by, construction and lining	pected visually and chection of the Flue integri	degulations 1994. Flues were inspected visually and checked for saltigadory execution of products of combustion. A detailed internal inspection of the Flue integrity, construction and lining has not been carried out.	Regulation
	SIGNED		York YO10 3NO		säfe		RD	RECO	GAS SAFETY RECORD	GAS (	his inspe
		• DETAILS	INSTALLER DETAILS Abbey Plumbing 41 Kirkdale Road					RD'S	LANDLORD'S		
		ファイハニン	- 10 H A I I I I		The second second			Segular.			