CERTIFICATE SERIAL NUMBER	LANDLORD/HOMEOWNER GAS SAFETY RECORD	GAS SAFE REGISTER NUMBER
GP12-review	GP12	987654

JOB ADDRESS

Name	Home		
Address	3 Market Lane		
		Postcode	CD3 4EG
Tel No.		**Mobile No.**	

CLIENT DETAILS

Name	Customer Name		
Address	2 Market Square		
		Postcode	CD3 4EF
Tel No.		**Mobile No.**	

REGISTERED BUSINESS DETAILS

Company	Smith Gas		
Address	1 High Street		
		Postcode	AB1 2CD
Tel No.		**Mobile No.**	

APPLIANCE / EQUIPMENT DETAILS

NO.	LOCATION	TYPE	MAKE	MODEL	LANDLORD'S APPLIANCE	INSPECTED	FLUE
1	Room 1	Boiler	Manufacturer	Model 1	Yes	Yes	RS-FF
2							
3							
4							
5							
6							

Flue key: FL — Flueless; OF — Open flue; RS-BF — Room-sealed balanced flue; RS-FF — Room-sealed fan flue.

INSPECTION / SAFETY CHECKS

NO.	PRESSURE MBAR / INPUT KW	SAFETY DEVICES	VENTILATION	VISUAL FLUE	FLUE PERFORMANCE	SERVICED	SAFE TO USE
1		Yes	Yes	Yes	Pass	Yes	Yes
2							
3							
4							
5							
6							

COMBUSTION ANALYSER READINGS

NO	1ST READING / MIN / LOW			2ND READING / MAX / HIGH			3RD READING / IGN / OTHER		
	CO (PPM)	CO_2 (%)	CO/CO_2 RATIO	CO (PPM)	CO_2 (%)	CO/CO_2 RATIO	CO (PPM)	CO_2 (%)	CO/CO_2 RATIO
1									
2									
3									
4									
5									
6									

SAFETY RELATED DEFECT(S) / REMEDIAL ACTION / WARNING NOTICE

NO.	DEFECT IDENTIFIED	REMEDIAL ACTION TAKEN	WARNING NOTICE ISSUED	WARNING NOTICE NUMBER
1	N/A	N/A		
2				
3				
4				
5				
6				

FINAL CHECKS

Gas tightness test initial (mbar)		**CO alarm present**	No
Tightness test final (mbar)		**CO alarm working**	N/A
Satisfactory gas-tightness test	Yes	**CO alarm in date**	N/A
Installation pipework visual satisfactory	Yes	**Smoke alarm(s) present**	No
Emergency Control accessible	Yes	**Smoke alarm(s) working**	N/A
Main Protective Equipotential Bonding satisfactory	Yes	**Supply pipework visual**	
Next safety check due	2027-10-21		

ISSUED BY

Print name	Alex Smith
Gas Safe License No.	123456
Signed	[redacted]
Date	2026-10-22

RECEIVED BY

Responsible person present			
Print name		**Position**	
Signed			
Date			

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