

Serial No:
1741419

To confirm the validity of the Registered Gas Engineer please contact Gas Safe on 0800 408 5500 or www.gassaferegister.co.uk

LEISURE INDUSTRY GAS SAFETY RECORD

gasfm.co.uk



This form allows for the recording of results of checks as defined by the Gas Safety (Installation and Use) Regulations. Information recorded on this form does not confirm that the installation was installed by a Gas Safe registered business or that the installation complies with relevant Building Regulations. Chimney/flue/outlets were visually checked for adequate evacuation of combustion products. A detailed internal inspection has not been undertaken.

DETAILS OF REGISTERED BUSINESS		JOB ADDRESS		LANDLORD/AGENT ADDRESS	
Business Name: FB Caravan Services Ltd	Name: FB Caravan Services Ltd	Name: Cherry Tree Camps			
Gas Safe Reg. No: 367353	Address: Unit 21 Old Dalby Bus Park	Address: 358 Nottingham Rd			
Address: Unit 21 Old Dalby Business Park	Melton Mowbray	Derby			
Tel. No: 01664 496256	Tel. No: 01664 496256	Tel. No: 01949 068690			
	Is Accommodation Rented? (Y/N)	No. of Appliances Tested: ONE			
Satisfactory Visual Inspection (Y/N) Y	Emergency Control Valve Accessible (Y/N) Y	Satisfactory Gas Tightness Test (Y/N) Y			
Connection Hoses Satisfactory (Y/N) Y	LPG Regulator Working Pressure (mbar) 30mbar	LPG Regulator Lock Up Pressure (mbar) 150mbar			

Appliance Details							
	Appliance Location	Appliance Make	Appliance Model	Appliance Type	Type of Flue (OF/RS/FL)	Landlords Appliance (Y/N)	Appliance Inspected (Y/N)
1	KITCHEN	DOMETIC	MO9222S	HOB / SINK	OF	Y	Y
2							
3							
4							
5							

Inspection Details									CO Alarm		
	Operating Pressure in mbar and or Heat Input in KW/Btu/h	Are Safety Devices Working? (Y/N)	Satisfactory Ventilation? (Y/N)	Flue Visual Condition (Pass/Fail/NA)	Flue Performance Checks (Pass/Fail/NA)	Combustion Analyser Reading		Appliance Serviced (Y/N)	Appliance Safe To Use (Y/N)	Approved CO Alarm Fitted? (Y/N)	Does The CO Alarm Work? (Y/N)
						CO: CO2 Ratio	CO PPM				
1	30mbar	Y	Y	PASS	PASS	—	—	Y	Y	Y	Y
2											
3											
4											
5											

Defect(s) Identified	Warning Advice Issued? (Y/N)	Remedial Work Undertaken	Details Of Work Required
			DG20 LZK

Received By: _____	Issued By: Pete Van [Signature]	ID Card No: 5588114	The Next Gas Safety Check Must Be Completed By: 8-3-25
Print Name: JAIN GORE	Signature: _____	Date: 8-3-24	