

# Landlord Gas Safety Record (CP12)

Annual gas safety check — Gas Safety (Installation and Use) Regulations 1998

Company: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Address: \_\_\_\_\_ Ref: \_\_\_\_\_

## Property & Engineer Details

Property address:	Landlord / managing agent:	Date of check:
_____	_____	_____
Gas Safe registered engineer name:	Business name:	Gas Safe registration number:
_____	_____	_____
Engineer ID card number:	Number of appliances tested:	Next safety check due:
_____	_____	_____

## Appliances Inspected

Location	Appliance type	Make / model	Owned by (Landlord/ Tenant)	Inspected? (Y/N)

## Inspection Results (per appliance)

Appliance	Operating pressure / heat	Safety device operation	Ventilation adequate	Flue visual / flue flow /	Combustion analysis	Safe to use? (Y/N)

## Defects & Unsafe Situations

Appliance	Defect identified	Remedial action required	Classification (ID / AR)	Warning notice issued	Turned off (with permission)?

## Notes

Classifications follow the Gas Industry Unsafe Situations Procedure (Immediately

Dangerous / At Risk). The landlord must give the tenant a copy of this record within 28 days of the check, and to new tenants before they move in, and keep a copy for at least two years.

**Sign-off**

Engineer signature:

Date:

Landlord acknowledgement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tenant receipt — date copy provided:

\_\_\_\_\_

