

# Service & Safety Record Sheet for Solid Fuel Appliances (Landlord Safety Certificate)

This record is for safety & servicing purposes only. Ensure flues have been assessed visually and checked for satisfactory evacuation of products of combustion, and the appliance is not situated in close proximity to ignitable or combustible materials and meets manufacturer requirements. This report is valid for the day of assessment only.



**Service & Safety Record Sheet**

Business Name: Acifest Plumbing HETAS ID: 44670  
 Operative Name: [Redacted] Operative No.: 17288

Installation Location: Kilmore Output: 16.5 kW  
 Appliance Make/Model: POMEREA WMC Size: 1000 mm<sup>2</sup>  
 Ventilation Type: Airback

**Visual Checks**

Suitable Hearth?  Yes  No  
 Chimney Condition Sound?  Yes  No  
 Termination Height?  Yes  No  
 Chimney Swept?  Yes  No  
 All Seals Airtight?  Yes  No

Ventilation Sufficient?  Yes  No  
 CO Alarm Fitted?  Yes  No  
 Information Available?  Yes  No  
 Clear of Combustibles?  Yes  No  
 Controls Working?  Yes  No

Customer aware how to use the appliance correctly?  
 Customer burning suitable/approved fuels for the appliance?  Yes  No

**Property Details**

Customer Name: [Redacted] Owner: [Redacted]  
 Address: [Redacted]  
 Postcode: [Redacted]  
 Email / Telephone: [Redacted]

**Re-commissioning Checks**

RESULT NOTES

Flue Draught: 1.5 Pa Within manufacturer specified range?  Yes  No  
 Smoke Pressure Test: Pass/Fail  
 Smoke Draw Test: Pass/Fail  
 Flue Draught Extraction Test: Pass/Fail  
 Spillage Test: Pass/Fail

General manufacturer checks undertaken?  Yes  No

**Defects Identified**

Flue to chimney pot cracked Re-Flue

**Remedial Recommendations**

Boiler Connections & Suitability?  Yes  No  
 Storage Type, Size & Suitability?  Yes  No  
 Storage Location?  Yes  No  
 F & E Tank Type, Location & Size?  Yes  No  
 System Controls & Immersion?  Yes  No  
 System Checked under Operation?  Yes  No  
 Service Passed?  Yes  No

Customer Aware of Remedial Works Required & Why?  Yes  No

**Warning Notice/Unsafe Situation Procedure Required?**  Yes  No

**Issued by:** [Redacted] Signed: [Redacted] Print Name: [Redacted] Date: 7.8.18

**Customer Confirmation:** [Redacted] Signed: [Redacted] Print Name: [Redacted] Date: 7.8.18

No. of Appliances Assessed: 1 Service Passed?  Yes  No  
 Additional Notes: Next Service Date: 7.5.19