

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS ENGINEER'S DETAILS

SERIAL No: R 469649

Reg. Trading Title: _____ CORGI REG. No: 210014
 Company: CITYWIDE PUMBINQ
 Address: 46 THE QUAY
NEWCASTLE
 Postcode: NE6 3UH Tel: _____
 Engineer's name: A IRONS ID Card No: 602291001

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

I certify that I carried out inspections on the appliances detailed below.
 Signed: [Signature] Inspection Date: 1/10/06

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: 29 Devonshire Place
 Post Code: NE2 2NB Tel: _____

LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title: D BARTON
 Address: 39 BILSMOOR
HIGH HEATON
 Postcode: _____ Tel: _____

	APPLIANCE DETAILS						FLUE TESTS			INSPECTION DETAILS					
	Location	Make	Model	Type	Flue type CFR/ST/CL	Operating pressure in Mbar or feet head kWh or Btu/h	Safety device correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No
1	Utility Room	Ideal Stand	MK60D	F/S	OF	20cm	YES	PASS	PASS	YES	PASS	YES	YES	YES	YES
2															
3															
4															
5															

Gas Installation Pipework: Satisfactory Visual Inspection Yes No Emergency Control Accessible Yes No Satisfactory Gas Tightness Test Yes No

GIVE DETAILS OF ANY FAULTS			RECTIFICATION WORK CARRIED OUT			WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER PLACED Yes/No/NA
1							
2							
3							
4							
5							

Number of appliances tested: 1 NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by Signed: [Signature] Print name: A IRONS Date: 1/10/06
 Received on behalf of the Landlord/Home Owner Signed: [Signature] Tenant/Agent/Landlord/Home Owner Date: 1/10/06
(Where applicable)

LANDLORD/HOME OWNER GAS SAFETY RECORD

SERIAL No: R 469646

GAS ENGINEER'S DETAILS

Reg. Trading Title: _____ CORGI REG. No: 210014
 Company: CITYWIDE PUMPS
 Address: 42 THE OAK
NEWCASTLE
 Postcode: NEE 3UH Tel: 0191-2654263
 Engineer's name: A IRONS ID Card No: 602291001

I certify that I carried out inspections on the appliances detailed below.
 Signed: [Signature] Inspection Date: 1/10/06

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____
 Address: 7 Devonshire Place
 Post Code: _____ Tel: _____

LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title: D BARTON
 Address: 3A BILSMOOR
NEWCASTLE
 Postcode: _____ Tel: 240 2447

APPLIANCE DETAILS							FLUE TESTS			INSPECTION DETAILS					
Location	Make	Model	Type	Flue type OF/RS/FL	Operating pressure in Mbar or test input kWh or Btu/h	Safety devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke point flue flow test Pass/Fail/NA	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance safe to use Yes/No
1 Kitchen	Baxi	10SE	RES	RS	30kW	N/A	N/A	N/A	YES	PASS	YES	YES	YES	YES	YES
2 "	NEWHOME	N/E	COND	OF	11kW	YES	N/A	N/A	NA	NA	YES	YES	YES	YES	YES
3															
4															
5															

Gas Installation Pipework: Satisfactory Visual Inspection Yes No Emergency Control Accessible Yes No Satisfactory Gas Tightness Test Yes No

GIVE DETAILS OF ANY FAULTS				RECTIFICATION WORK CARRIED OUT				WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STOPPED FLUE? Yes/No/NA
1	safety chain			fitting.					
2									
3									
4									
5									

Number of appliances tested: 2 NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by Signed: [Signature] Print name: A IRONS, Date: 1/10/06

Received on behalf of the Landlord/Home Owner Signed: [Signature] Tenant/Agent/Landlord/Home Owner Date: 1/10/06

FIRE PROTECTION INSTALLATIONS

VERIFIERS CERTIFICATE

ENVIROGRAF PRODUCTS - Completion certificates for new installation or alterations

Contract name MODERN LIVING

Address of installations 23. QUEENS TERRACE, JESMOND NE2

Tel no 0191 2401001

Owner's name JONATHAN JOHNSON

Owner's address 6 OSBORNE AVE, JESMOND. NE2 1JQ

Tel no 0191 2401001

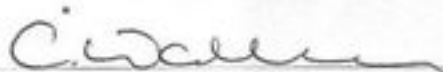
Area(s) of installation

6 BEDROOM DOORS, 1 KITCHEN DOOR AND 1 LIVING ROOM DOOR.

Systems: SURFACE MOUNTED FIRE & SMOKE SEALS AND INTUMESCENT SLEEVING PAPER GIVING 30 MINUTES FIRE PROTECTION

I/We hereby certify that the installation of the Envirograf products, or part thereof, on the above project has been verified by me/us and to the best of my/our knowledge and belief, the systems comply with the appropriate recommendations given in manufactures instructions.

Signature of person responsible for system verification



Qualification TECHNICAL FIRE CONSULTANT

Date 8-6-2007

For and on behalf of ENVIROGRAF

Verifiers name CARL WALLACE

Verifiers address 6C. CASTLE CLOSE IND. EST., CROOK, CO. DURHAM DL15 8LU

Tel no 01388 764866

FIRE PROTECTION INSTALLATIONS

VERIFIERS CERTIFICATE

ENVIROGRAF PRODUCTS - Completion certificates for new installation or alterations

Contract name MODERN LIVING

Address of installations 26 QUEENS ROAD, JESMOND, NE2

Tel no 0191 2401001

Owner's name JONATHAN JOHNSON

Owner's address 6 OSBORNE AVE, JESMOND, NE2 1JQ

Tel no 0191 2401001

Area(s) of installation

5 BEDROOM DOORS, 1 KITCHEN DOOR AND 1 LIVING ROOM DOOR

Systems: SURFACE MOUNTED FIRE & SMOKE SEALS AND INTUMESCENT SLEEVING PAPER GIVING 30 MINUTES FIRE PROTECTION

I/We hereby certify that the installation of the Envirograf products, or part thereof, on the above project has been verified by me/us and to the best of my/our knowledge and belief, the systems comply with the appropriate recommendations given in manufactures instructions.

Signature of person responsible for system verification

Qualification TECHNICAL FIRE CONSULTANT

Date 8-6-2007

For and on behalf of ENVIROGRAF

Verifiers name CARL WALLACE

Verifiers address 66 CASTLE CLOSE IND. EST., CROOK, CO. DURHAM. DL15 8LH

Tel no 01388 764866

FIRE PROTECTION INSTALLATIONS

VERIFIERS CERTIFICATE

ENVIROGRAF PRODUCTS - Completion certificates for new installation or alterations

Contract name MODERN LIVING

Address of installations 29 DEVONSHIRE PLACE, JESMOND. NE2

Tel no 0191 2401001

Owner's name JONATHAN JOHNSON

Owner's address 6 OSBORNE AVE, JESMOND, NE2 1JQ

Tel no 0191 2401001

Area(s) of installation

6 BEDROOM DOORS, 1 KITCHEN DOOR AND 1 LIVING ROOM DOOR

Systems: SURFACE MOUNTED FIRE & SMOKE SEALS AND INTUMESCENT SLEEVING PAPER GIVING 30 MINUTES FIRE PROTECTION

I/We hereby certify that the installation of the Envirograf products, or part thereof, on the above project has been verified by me/us and to the best of my/our knowledge and belief, the systems comply with the appropriate recommendations given in manufactures instructions.

Signature of person responsible for system verification



Qualification TECHNICAL FIRE CONSULTANT

Date 8-6-2007

For and on behalf of ENVIROGRAF

Verifiers name CARL WALLACE

Verifiers address 60 CASTLE CLOSE IND. EST,
CROOK, CO. DURHAM DL15 8LU

Tel no 01388 764866

FIRE PROTECTION INSTALLATIONS

VERIFIERS CERTIFICATE

ENVIROGRAF PRODUCTS - Completion certificates for new installation or alterations

Contract name MODERN LIVING

Address of installations 7 DEVONSHIRE PLACE, JESMOND. NE2

Tel no 0191 2401001

Owner's name JONATHAN JOHNSON

Owner's address 6 OSBORNE AVE, JESMOND, NE2 1JQ

Tel no 0191 2401001

Area(s) of installation

6 BEDROOM DOORS, 1 KITCHEN DOOR AND 1 LIVING ROOM DOOR

Systems: SURFACE MOUNTED FIRE & SMOKE SEALS AND INTUMESCENT SLEEVING PAPER GIVING 30 MINUTES FIRE PROTECTION

I/We hereby certify that the installation of the Envirograf products, or part thereof, on the above project has been verified by me/us and to the best of my/our knowledge and belief, the systems comply with the appropriate recommendations given in manufactures instructions.

Signature of person responsible for system verification

Qualification TECHNICAL FIRE CONSULTANT

Date 8-6-2007

For and on behalf of ENVIROGRAF

Verifiers name CARL WALLACE

Verifiers address 6C, CASTLE CLOSE IND. EST., CROOK, CO DURHAM DL15 8LU

Tel no 01388 764866

FIRE PROTECTION INSTALLATIONS

VERIFIERS CERTIFICATE

ENVIROGRAF PRODUCTS - Completion certificates for new installation or alterations

Contract name MODERN LIVING

Address of installations 70 BUSTON TERRACE, JESMOND. NE 2

Tel no 0191 2401001

Owner's name JONATHAN JOHNSON

Owner's address 6 OSBORNE AVE, JESMOND NE 2 1JQ

Tel no 0191 2401001

Area(s) of installation

5 BEDROOM DOORS, 1 KITCHEN DOOR AND 1 LIVING ROOM DOOR

Systems: SURFACE MOUNTED FIRE & SMOKE SEALS AND INTUMESCENT SLEEVING PAPER GIVING 30 MINUTES FIRE PROTECTION

I/We hereby certify that the installation of the Envirograf products, or part thereof, on the above project has been verified by me/us and to the best of my/our knowledge and belief, the systems comply with the appropriate recommendations given in manufactures instructions.

Signature of person responsible for system verification

Qualification TECHNICAL FIRE CONSULTANT

Date 8-6-2007

For and on behalf of ENVIROGRAF

Verifiers name CARL WALLACE

Verifiers address 60 CASTLE CLOSE IND. EST,
CROOK, CO. DURHAM DL15 8LU

Tel no 01388 764866

GAS ENGINEER'S DETAILS

LANDLORD/HOME OWNER GAS SAFETY RECORD

SERIAL No: R 469647


Reg. Trading Title: _____ CORGI REG. No: 210014

Company: CITYWIDE PLUMBING

Address: 46 THE OVAL
NEWCASTLE

Postcode: NE2 3JH Tel: 0191-2654963

Engineer's name: A IRONS ID Card No: 602291001

I certify that I carried out inspections on the appliances detailed below.
Signed:  Inspection Date: 1/10/06

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

INSPECTION/INSTALLATION ADDRESS

Name & Title: _____

Address: 23 Queens Terrace

Post Code: NE2 2PJ Tel: _____

LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title: D BARTON

Address: 34 BILSMOOR
NEWCASTLE

Postcode: _____ Tel: 2240 2447

APPLIANCE DETAILS

FLUE TESTS

INSPECTION DETAILS

Location	Make	Model	Type	Flue type DF/RS/FL	Operating pressure in Mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance safe to use Yes/No
1 Kitchen	Morison	3000	OF	27kW	YES	PASS	PASS	YES	PASS*	YES	YES	YES	NO	YES	
2	XXXXXXXXXX	XXXXXXXXXX													
3															
4															
5															


Gas Installation Pipework: Satisfactory Visual Inspection Yes No Emergency Control Accessible Yes No Satisfactory Gas Tightness Test Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

1	* FLUE IN POOR CONDITION	
2	ARRANGED WITH AGENT TO RENEW	
3		
4		
5		

Number of appliances tested: 2 NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by: Signed:  Print name: A IRONS Date: 1/10/06

Received on behalf of the Landlord/Home Owner: Signed:  Tenant/Agent/Landlord/Home Owner Date: 1/10/06

GAS ENGINEER'S DETAILS

LANDLORD/HOME OWNER GAS SAFETY RECORD

SERIAL No: R 469648

Reg. Trading Title CORGI REG. No:

Company

Address

Postcode: Tel:

Engineer's name: ID Card No:

I certify that I carried out inspections on the appliances detailed below.
Signed: Inspection Date:

INSPECTION/INSTALLATION ADDRESS

Name & Title

Address

Post Code Tel:

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title

Address

Postcode

Tel:

	APPLIANCE DETAILS							FLUE TESTS			INSPECTION DETAILS				
	Location	Make	Model	Type	Flue type CF/RS/FL	Operating pressure in Mbar or heat input kWh or Stubb	Safety devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No
1	Kilena	RAXI	80	COAG	RS	22kw	YES	NA	NA	NA	YES	YES	YES	YES	YES
2	"	P/COVER	S/24	COAG	OF	11kw	YES	NA	NA	NA	YES	YES	YES	YES	YES
3															
4															
5															

Gas Installation Pipework: Satisfactory Visual Inspection Yes No Emergency Control Accessible Yes No Satisfactory Gas Tightness Test Yes No

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED	WARNING TAG OR STICKER FOST
			Yes/No/NA	Yes/No/NA
1				
2				
3				
4				
5				

Number of appliances tested NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by Signed: Print name: Date:

Received on behalf of the Landlord/Home Owner Signed: Tenant/Agent/Landlord/Home Owner Date:

GAS ENGINEER'S DETAILS

LANDLORD/HOME OWNER GAS SAFETY RECORD

SERIAL No: R 469645

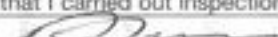
Reg. Trading Title: CORGI REG. No: 210014

Company: CROWWIDE PLUMBERS

Address: 46 THE OVAL
NEWCASTLE

Postcode: NE6 3UH Tel: 0191-265463

Engineer's name: A ILENS ID Card No: 602291001

I certify that I carried out inspections on the appliances detailed below.
Signed:  Inspection Date: 1/10/06

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried out.

INSPECTION/INSTALLATION ADDRESS

Name & Title:

Address: 70 BOSTON AVE

Post Code: NE2 2JL Tel:

LANDLORD (OR AGENT) NAME AND ADDRESS (if applicable)

Name & Title: D BACON

Address: 29 BILSINGDALE AVE
HIGH HEATON
NEWCASTLE

Postcode: Tel:

APPLIANCE DETAILS

FLUE TESTS

INSPECTION DETAILS

No.	Location	Make	Model	Type	Flue type OF/RS/FL	Operating pressure in Mbar or heat input W/hp or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA		Smoke pellet flue flow test Pass/Fail/NA		Satisfactory termination Yes/No/NA		Flue visual condition Pass/Fail/NA		Adequate ventilation Yes/No		Landlord's appliance Yes/No/NA		Inspected Yes/No		Appliance serviced Yes/No		Appliance safe to use Yes/No		
								Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA		
1	Kitchen	BAXI	80Eca	Cont'd	LS	12.2	NA	NA	NA	YES	NA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
2	11	P/colman	Sig224	cooker	OF	7.4kw	YES	NA	NA	NA	NA	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	
3																										
4																										
5																										

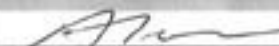
Gas Installation Pipework: Satisfactory Visual Inspection Yes No Emergency Control Accessible Yes No Satisfactory Gas Tightness Test Yes No

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

No.	DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG OR STICKER FIED Yes/No/NA
1	cooker bayonet fitting requires	to heat,		
2	fixing to wall and drain fitted.			
3				
4				
5				

Number of appliances tested: 2 NEXT GAS SAFETY CHECK MUST BE CARRIED OUT WITHIN 12 MONTHS

This record is issued by Signed:  Print name: A ILENS Date: 1/10/06

Received on behalf of the Landlord/Home Owner Signed:  Tenant/Agent/Landlord/Home Owner Date: 1/10/06

PERIODIC INSPECTION REPORT FOR AN ELECTRICAL INSTALLATION

Issued in accordance with British Standard 7671 - Requirements for Electrical Installations by an Approved Contractor or Conforming Body enrolled with the National Inspection Council for Electrical Installation Contracting, Vintage House, 37 Albert Embankment, London SE1 7UJ.

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For explanatory notes relating to software endorsement, see 'Notes for Recipients'

A. DETAILS OF THE CLIENT

Client: HMO MADISON Address: 6 OSBOURNE AVE
N/C NE2 1JQ

B. PURPOSE OF THE REPORT

This Periodic Inspection Report must be used only for reporting on the condition of an existing installation.

Purpose for which this report is required: SYRLY INSP.

C. DETAILS OF THE INSTALLATION

Occupier:		Description of premises:	Domestic <input type="checkbox"/>	Commercial <input type="checkbox"/>	Industrial <input type="checkbox"/>
Address:	<u>23 Queens Tce</u> <u>Jesmond</u> <u>Newcastle upon Tyne</u>	Other: (Please state)	<u>Rented Acc</u>		
	Postcode:	Estimated age of the electrical installation:	<u>710</u> years		
Date of previous inspection:	<u>N/A</u>	Evidence of alterations or additions	<u>N/A</u>	If yes, estimated age	<u>N/A</u> years
Records of installation available:		Electrical Installation Certificate No or previous Periodic Inspection Report No:			
Records held by:					

D. EXTENT OF THE INSTALLATION AND LIMITATIONS OF THE INSPECTION AND TESTING

Extent of the electrical installation covered by this report:
All circuits tested

Agreed limitations, if any, on the inspection and testing:
30% visual on all circuits tested

This inspection has been carried out in accordance with BS 7671: 2001, as amended. Cables concealed within trunking and conduits, or cables and conduits concealed under floors, in inaccessible roof spaces and generally within the fabric of the building or underground, have not been visually inspected.

E. DECLARATION

I/We, being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above (see C), having exercised reasonable skill and care when carrying out the inspection and testing, hereby declare that the information in this report, including the observations (see F) and the attached schedules (see H), provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations of the inspection and testing (see D).
I/We further declare that in my/our judgement, the said installation was overall in SATISFACTORY condition (see G) at the time the inspection was carried out, and that it should be further inspected as recommended (see I).
(Insert 'satisfactory' or 'unsatisfactory', as appropriate)

INSPECTION, TESTING AND ASSESSMENT BY:

Signature: [Signature]
Name: G KENNEDY
(CAPITALS)
Position: EWIC
Date: 22/8/06

REPORT REVIEWED AND CONFIRMED BY: † See note below

Signature: [Signature]
Name: [Signature]
(CAPITALS)
(Registered Qualified Supervisor for the Approved Contractor at J)
Date: 4/9/06

† This Periodic Inspection Report should be reviewed and confirmed by the registered Qualified Supervisor for the Approved Contractor responsible for issuing the Report.

PERIODIC INSPECTION REPORT FOR AN ELECTRICAL INSTALLATION

Issued in accordance with British Standard 7671 - Requirements for Electrical Installations by an Approved Contractor or Conforming Body enrolled with the National Inspection Council for Electrical Installation Contracting, Vintage House, 37 Albert Embankment, London SE1 7UJ.

For explanatory notes relating to software endorsement, see 'Notes for Recipients'

A. DETAILS OF THE CLIENT

Client: **H.M.O
V. JOHNSON**

Address: **6 OSBOURNE AVE
NIC NE2 1TQ**

B. PURPOSE OF THE REPORT

This Periodic Inspection Report must be used only for reporting on the condition of an existing installation.

Purpose for which this report is required: **RENTED ACCOM**

C. DETAILS OF THE INSTALLATION

Occupier: _____
Address: **26 QUEENS RD JESMONO**

Description of premises: Domestic Commercial Industrial

Other: (Please state) **RENTED ACCOMM**

Estimated age of the electrical installation: **75** years

Evidence of alterations or additions: YES If yes, estimated age: **73** years

Date of previous inspection: **N/A** Electrical Installation Certificate No or previous Periodic Inspection Report No: **N/A**

Records of installation available: **N/A** Records held by: **N/A**

D. EXTENT OF THE INSTALLATION AND LIMITATIONS OF THE INSPECTION AND TESTING

Extent of the electrical installation covered by this report: **All Circuits LTG + PWR, APPX 30% VISUAL**

Agreed limitations, if any, on the inspection and testing:

This inspection has been carried out in accordance with BS 7671: 2001, as amended. Cables concealed within trunking and conduits, or cables and conduits concealed under floors, in inaccessible roof spaces and generally within the fabric of the building or underground, have not been visually inspected.

E. DECLARATION

I/We, being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above (see C), having exercised reasonable skill and care when carrying out the inspection and testing, hereby declare that the information in this report, including the observations (see F) and the attached schedules (see H), provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations of the inspection and testing (see D).
I/We further declare that in my/our judgement, the said installation was overall in **+** condition (see G) at the time the inspection was carried out, and that it should be further inspected as recommended (see I).
+ (Insert 'a satisfactory' or 'an unsatisfactory', as appropriate)

INSPECTION, TESTING AND ASSESSMENT BY:

Signature:
Name: (CAPITALS) **G KENNEDY**
Position: **ELECTRICIAN**
Date: **14.8.06**

REPORT REVIEWED AND CONFIRMED BY: † See note below

Signature:
Name: (CAPITALS) **KATISHU**
(Registered Qualified Supervisor for the Approved Contractor at J)
Date: **16/8/06**

PERIODIC INSPECTION REPORT FOR AN ELECTRICAL INSTALLATION

Issued in accordance with British Standard 7671 - Requirements for Electrical Installations by an Approved Contractor or Conforming Body enrolled with the National Inspection Council for Electrical Installation Contracting, Vintage House, 37 Albert Embankment, London SE1 7UJ.

For explanatory notes relating to software endorsement, see 'Notes for Recipients'

A. DETAILS OF THE CLIENT

 Client: HMO MADG SIMPUS

 Address: 6 OSBOURNE AVE
N/C NE2 1JQ

B. PURPOSE OF THE REPORT

This Periodic Inspection Report must be used only for reporting on the condition of an existing installation.

 Purpose for which this report is required: SYR. WORK

C. DETAILS OF THE INSTALLATION

Occupier:

Description of premises:

 Domestic Commercial Industrial

 Address: 29 Devonshire Place
Jesmond
Newcastle upon Tyne

 Other: (Please state) Rented Acc

 Estimated age of the electrical installation: 710 years

 Evidence of alterations or additions: N/A If yes, estimated age: N/A years

 Date of previous inspection: N/A

Electrical Installation Certificate No or previous Periodic Inspection Report No:

Records of installation available:

Records held by:

D. EXTENT OF THE INSTALLATION AND LIMITATIONS OF THE INSPECTION AND TESTING

Extent of the electrical installation covered by this report:

All circuits tested

Agreed limitations, if any, on the inspection and testing:

30% visual on all circuits tested

This inspection has been carried out in accordance with BS 7671: 2001, as amended. Cables concealed within trunking and conduits, or cables and conduits concealed under floors, in inaccessible roof spaces and generally within the fabric of the building or underground, have not been visually inspected.

E. DECLARATION

I/We, being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above (see C), having exercised reasonable skill and care when carrying out the inspection and testing, hereby declare that the information in this report, including the observations (see F) and the attached schedules (see H), provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations of the inspection and testing (see D). I/We further declare that in my/our judgement, the said installation was overall in SATISFACTORY condition (see G) at the time the inspection was carried out, and that it should be further inspected as recommended (see I).
(Insert 'satisfactory' or 'unsatisfactory', as appropriate)

INSPECTION, TESTING AND ASSESSMENT BY:

Signature:

Name: (CAPITALS)

Position:

Date:

[Signature]
GARY WARD
ELIC
22/8/06

REPORT REVIEWED AND CONFIRMED BY: † See note below

Signature:

Name: (CAPITALS)

Date:

[Signature]
[Name]
 (Registered Qualified Supervisor for the Approved Contractor at JJ)
5/9/06

PERIODIC INSPECTION REPORT FOR AN ELECTRICAL INSTALLATION

Issued in accordance with British Standard 7671 - Requirements for Electrical Installations by an Approved Contractor or Conforming Body enrolled with the National Inspection Council for Electrical Installation Contracting, Vintage House, 37 Albert Embankment, London SE1 7UJ.

For explanatory notes relating to software endorsement, see 'Notes for Recipients'

A. DETAILS OF THE CLIENT

 Client: HMOMARISIMPLE

 Address: 608 BOOLES RD
N/C N12 1J4

B. PURPOSE OF THE REPORT

This Periodic Inspection Report must be used only for reporting on the condition of an existing installation.

 Purpose for which this report is required: SYR. INSP.

C. DETAILS OF THE INSTALLATION

 Occupier: /

 Address: 7 Devonshire Place
Jesmond

Postcode:

 Date of previous inspection: N/A

 Electrical Installation Certificate No or previous Periodic Inspection Report No: N/A

 Records of installation available: N/A Records held by: N/A

	Domestic	Commercial	Industrial
Description of premises:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: (Please state)	<u>Rented Accom</u>		
Estimated age of the electrical installation:	<u>5</u> years		
Evidence of alterations or additions	<u>N/A</u>	If yes, estimated age	<u>N/A</u> years

D. EXTENT OF THE INSTALLATION AND LIMITATIONS OF THE INSPECTION AND TESTING

Extent of the electrical installation covered by this report:

All Circuits tested

Agreed limitations, if any, on the inspection and testing:

30% visual on all Circuits tested

This inspection has been carried out in accordance with BS 7671: 2001, as amended. Cables concealed within trunking and conduits, or cables and conduits concealed under floors, in inaccessible roof spaces and generally within the fabric of the building or underground, have not been visually inspected.

E. DECLARATION

I/We, being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above (see C), having exercised reasonable skill and care when carrying out the inspection and testing, hereby declare that the information in this report, including the observations (see F) and the attached schedules (see H), provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations of the inspection and testing (see D).
 I/We further declare that in my/our judgement, the said installation was overall in Satisfactory condition (see G) at the time the inspection was carried out, and that it should be further inspected as recommended (see I).
 *Insert 'a satisfactory' or 'an unsatisfactory', as appropriate.

INSPECTION, TESTING AND ASSESSMENT BY:

 Signature: [Signature]
 Name: G KENNEDY
 Position: ELECTRICIAN
 Date: AUG 06

REPORT REVIEWED AND CONFIRMED BY: † See note below

 Signature: [Signature]
 Name: [Name]
 Position: (Registered Qualified Supervisor for the Approved Contractor at J)
 Date: 5/9/06

PERIODIC INSPECTION REPORT FOR AN ELECTRICAL INSTALLATION

Issued in accordance with British Standard 7671 - Requirements for Electrical Installations by an Approved Contractor or Conforming Body enrolled with the National Inspection Council for Electrical Installation Contracting, Vintage House, 37 Albert Embankment, London SE1 7UJ.

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For explanatory notes relating to software endorsement, see 'Notes for Recipients'

A. DETAILS OF THE CLIENT

Client: **HMO MADE SIMPLE**

Address: **6 OSBOURNE AVE
N/C N12 1SQ**

B. PURPOSE OF THE REPORT

This Periodic Inspection Report must be used only for reporting on the condition of an existing installation.

Purpose for which this report is required: **SVR. INSPECTION**

C. DETAILS OF THE INSTALLATION

Occupier:

Description of premises:

Domestic Commercial Industrial

Address: **70 BUSTON TCE
N/C UESTMOND**

Other: **Rented Accom**
(Please state)

Estimated age of the electrical installation: **> 10** years

Postcode:

Evidence of alterations or additions: **N/A** If yes, estimated age: **N/A** years

Date of previous inspection: **N/A**

Electrical Installation Certificate No or previous Periodic Inspection Report No: **N/A**

Records of installation available: **N/A** Records held by: **N/A**

D. EXTENT OF THE INSTALLATION AND LIMITATIONS OF THE INSPECTION AND TESTING

Extent of the electrical installation covered by this report:

All Circuits tested

Agreed limitations, if any, on the inspection and testing:

30% VISUAL TEST ON ALL CIRCUITS TESTED

This inspection has been carried out in accordance with BS 7671: 2001 as amended. Cables concealed within trunking and conduits, or cables and conduits concealed under floors, in inaccessible roof spaces and generally within the fabric of the building or underground, have not been visually inspected.

E. DECLARATION

I/We, being the person(s) responsible for the inspection and testing of the electrical installation (as indicated by my/our signatures below), particulars of which are described above (see C), having exercised reasonable skill and care when carrying out the inspection and testing, hereby declare that the information in this report, including the observations (see F) and the attached schedules (see H), provides an accurate assessment of the condition of the electrical installation taking into account the stated extent of the installation and the limitations of the inspection and testing (see D).

I/We further declare that in my/our judgement, the said installation was overall in **Satisfactory** condition (see G) at the time the inspection was carried out, and that it should be further inspected as recommended (see I).

*(Insert 'a satisfactory' or 'an unsatisfactory', as appropriate)

INSPECTION, TESTING AND ASSESSMENT BY:

Signature:

Name:
(CAPITALS)

Position:

Date:

[Signature]
GARY WILSON
ELECTRICIAN
22/8/06

REPORT REVIEWED AND CONFIRMED BY: † See note below:

Signature:

Name:
(CAPITALS)

Date:

[Signature]
HAVER
(Registered Qualified Supervisor for the Approved Contractor at J)
2/9/06