## **Home Safety Certificate**

This Home Safety Certificate confirms that the assessments listed below have been successfully completed to help ensure the avoidance of utility related hazards and validate the continued safety of the property specified.

These general checks are designed to provide an appropriate home safety framework under most circumstances. However, if your tenants are vulnerable, elderly or have a disability, special consideration should be given to determine whether additional checks may be required.

(1)	Check to co	onfirm the presence of a wo	orking smoke	e alarm o	n each floor c	of the house, tes	ted withir	n the last y	ear.1	
	Please tick to confirm	Date test carried out	1	/	Propos	sed retest date	/	/		
2	electrician v	onfirm an Electrical Installat with experience of carrying I by the electrical installer. Date carried out	out inspect	ing and t	esting within	the last 5 years	or within	the time f		
3	Check to co	onfirm a visual electrical ins rtaken in line with a risk ass trical checklist and guidan Date carried out /	sessment, an ce can be do	d that an wnloade	y urgent rem d from www. ual electrical	edial action not	ed has be	en carried ık) able		
4	Check to co	onfirm that a Gas Safety Cer feregister.co.uk) <sup>2</sup>				e last year. (Find			neers at	
	Please tick to confirm	Date carried o		/ e is not pr		as Safety Certifi	cate due	/	1	
5	Check to confirm that an Annual Safety Report for any solid fuel or oil combustion appliance has been completed in the last year by a competent, registered installer. (Find a registered installer at www.competentperson.co.uk)									
	Please tick to confirm	Date carried o Not applicable (a solid fuel	,	/ stion app	liance is not p	Next Certifi	cate due	/	1	
6	6 Check to confirm that a working carbon monoxide alarm compliant with British Standard EN 50291 is in place when a carbon burning appliance is present in the property, tested within the last year, and situated according to manufacturers instructions. <sup>3</sup>									
	Please tick to confirm	Date test carried o	ut /	/		Proposed re	test date	/	1	
Prop	perty Addres	5:								
I, the landlord/principal duty holder (delete as appropriate), confirm that the above checks have been carried out for the property specified above:										
Sign	ature:									
Print	name:							Date:	/ /	

N.B. The current Visual Electrical Checklist, Electrical Installation Condition Report, Gas Safety Certificate and Annual Combustion Appliance Safety Report, which you have signed to state you are in possession of, if relevant to you, are supporting documents that you may need to produce to demonstrate the validity of this certificate. It is recommended that you keep these with this certificate and be prepared to make them available if required or requested by your tenant, insurance company, mortgage provider or local authority.

<sup>&</sup>lt;sup>1</sup>This is a legal requirement from 10 October 2015.
<sup>2</sup>This is a legal requirement.
<sup>3</sup> From 10 October 2015 this is a legal requirement for all Privately Rented Properties which contain a solid fuel burning appliance which is situated in a room used wholly or partly as living accommodation where the appliance was installed later than October 2010. This is recommended when there is a gas or oil burning appliance installed.

## **Additional Home Safety Certificate**

This Additional Home Safety Certificate confirms that the checks listed below have been successfully completed to help ensure the safety of those living within a property. This certificate should be completed at the start of a new tenancy.

These general checks are designed to provide an appropriate home safety framework under most circumstances. However, if your tenants are vulnerable, elderly or have a disability, special consideration should be given to determine whether additional checks may be required.

Check for the presence of a Thermostatic Mixing Valve (TMV) on baths.  TMV is in place  TMV is not in place but the tenant has been made aware  Unable to verify, but the tenant has been made aware of potential risk										
2		onfirm a fall prevention risk assessed from www.homesafetyguidan	ce.co.uk)				·	be		
	to confirm	Date check was carried out	/	/	Proposed retest date	/	/			
3 Check to confirm the installation of safety devices for blind cords.⁴										
	Please tick to confirm	Date check carried out	/	/						
		Not applicable as no blinds pres	ent withii	n the pro	perty					
Check to confirm the tenant has been made aware of the fire escape strategy and exit routes.  Please tick to confirm										
Pro	perty Addre	ss:								
I, the landlord/principal duty holder (delete as appropriate), confirm that the above checks have been carried out for the property specified above:										
Signa	iture									
Print	name:			Date: /	/					
		rm the results of the above check e where required. <sup>5</sup>	ks have b	een discu	ussed with me and I hav	e been g	iven			
Signa	ture									
Print	name:			Date: /	/					

N.B. The fall prevention risk assessment which you have signed to state you are in possession of is a supporting document that you may need to produce to demonstrate the validity of this certificate. It is recommended that you keep it with this certificate and be prepared to make it available if required or requested by your tenant, insurance company, mortgage provider or local authority.

<sup>&</sup>lt;sup>4</sup>For further information please visit the British Blinds and Shutter Associations website at www.bbsa.org.uk
<sup>5</sup>If your house is occupied by multiple tenants a lead tenant should be identified to sign this document. In the event of the lead tenant vacating the property existing tenants are required to make the landlord aware so that an updated checklist can be completed and issued.