

LANDLORD/HOME OWNER
GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title)

Name:	C. ROBERTSON	Gas Safe Register No:	157664
Address:	19. LEIGHTON CRESCENT	Gas Installer Ref. No.:	A.R.
Post code:	PAULINGHE, YORK	Date of Issue:	22/06/23
Tel:	030529	Time of Issue:	
Engineers Name: (print)	C. ROBERTSON		

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 23. FAARCES STREET

Post Code: YORK

Tel: _____

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: _____

Address: 58. GUYARD

Post Code: YORK

Tel: 011611

Landlord/Agent* present during inspection YES/NO

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				RESULTS						
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO-225 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 Kitchen	Worcester	2551	HE	R.S	18.7	18.7	YES	N/A	YES	PASS	N/A	YES	YES	PASS	8.8/8.4	YES	YES	YES
2 Kitchen	Worcester	2551	HE	R.S	18.7	18.7	YES	N/A	YES	PASS	N/A	YES	YES	PASS	8.8/8.4	YES	YES	YES
3																		
4																		
5																		
DETAILS OF ANY FAULTS				REMEDIAL ACTION TAKEN				DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED						
1	No pressure			Tapped up pressure								Yes						
2	With pressure on			After on-site								NO						
NO STAGNANT TO SHOW SIGNS OF ALT NO SAFETY DEVICE ON												YES						
4																		
5																		

Outcome of gas installation pipework visual inspection? ☒ Pass / ☐ Fail / ☐ NA

Outcome of gas supply pipework visual inspection? ☒ Pass / ☐ Fail / ☐ NA

Is the Emergency Control Valve access satisfactory? ☒ Pass / ☐ Fail / ☐ NA

Outcome of gas tightness test? ☒ Pass / ☐ Fail / ☐ NA

Is the Protective Equipotential bonding satisfactory? ☒ Pass / ☐ Fail / ☐ NA

This Safety Record is issued by Gas Installer: (SIGNED) _____

Received on behalf of Landlord / Home Owner: (SIGNED) _____

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: TWO

Date: 22/06/23

ATTENTION
Next safety check due by: 05.07.24