

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)		C. ROBERTSON	
Name:	C. Robertson	Gas Safe Register No.:	157664
Address:	19 LEICHTON ROAD	Gas Installer Ref. No.:	A.B.
	AWCCTFE, YORK	Date of Issue:	22/06/23
Post code:	YO30 5ZQ	Time of Issue:	
Tel:	07710448500	Engineers Name: (print)	C. Robertson

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 14 AGAR STREET

Post Code: YORK

Tel: _____

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: Adam Bennett Lettine

Address: 58. WICKHAMPTON

Post Code: YORK

Tel: 611611

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 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 CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
Living Room	IDEAL	171111	HE COMBI	R.S	20	1	Yes	N/A	YES	PASS	N/A	PASS	YES	PASS	8.89512	YES	YES	YES
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL & WARNING NOTICE ISSUED			
1	Blocked				1	unblocked											Yes	NO
2					2													
3					3													
4					4													
5					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: 001

Date: 22/06/23

ATTENTION
Next safety check due by: 29/06/24