

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____
Property Address: THE FLAT, MARSON COURT
RAVENHAM PLACE, YORK
Post Code: _____ Tel: _____
Tenant/Home Owner* present during inspection ☒ YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ARMAN BARNETT LTD
Address: 58, GREGORYS
Post Code: YORK Tel: 611611
Landlord/Agent* present during inspection ☒ YES/NO

GAS INSTALLER: (Trading Title) COUN. ROBERTSON
Name: C. ROBERTSON Gas Safe Register No: 157664
Address: 19, DELFTON CREK Gas Installer Ref. No: A.R.
Post code: YO30 5TQ Date of Issue: 15/06/23
Tel: 07910448500 Time of Issue: _____
Engineers Name: (print) C. ROBERTSON

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: CO2 Ratio / CO2 DO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1 Kitchen	Green	Green	HTC	RS	19	1	Yes	Yes	Yes	Pass	Pass	Pass	Yes	Pass	CO: 4.3 CO2 Ratio: 9.0205	Yes	Yes	Yes	
2																			
3																			
4																			
5																			
DETAILS OF ANY FAULTS							REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED			
1																		NO	
2	Flue not checked in work						Mended in room in case of HPEC												Yes
3	Checked to see if correct cross flue point																		
4																			
5																			
Outcome of																			

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING
NOTICE ISSUED
Yes NO

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

ATTENTION
Next safety
check due by:

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: ONE
Date: 15/6/23