

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)		Cecilia Robertson	
Name:	C. Robertson	Gas Safe Register No:	157664
Address:	19. Leeward Coast, Kureatama, York	Gas Installer Ref. No :	1493
Post code:	YO30 5ZQ	Date of Issue:	10/08/23
Tel:	07710448500	Time of Issue:	
		Engineers Name: (print)	C. Robertson

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: FLAT C. Top Floor FLAT

PALEHAM HOUSE, YORK

Post Code _____ Tel: _____

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: Mr John Robertson

Address: 58. GREGGATE

Post Code YO30 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 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 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 Kitchen	Worcester	Solar	Heating	FLS	18.7	18.7	Yes	Yes	Yes	Pass	Pass	Pass	Yes	Pass	21.0301	NO	Yes	Yes
2 Kitchen	Worcester	Solar	Heating	FLS	18.5	18.5	Yes	Yes	Yes	Pass	Pass	Pass	Yes	Pass	21.0301	Yes	Yes	Yes
3																		
4																		
5																		
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL & WARNING NOTICE ISSUED			
1	Boiler Referrals				1	To High - New Boiler Recg										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: Two

Date: 10/08/23

ATTENTION
Next safety check due by: 10/08/24