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)	COLIN ROBERTSON		
Name:	C. ROBERTSON	Gas Safe Register No:	157664
Address:	19 LEIGHTON CROFT	Gas Installer Ref. No :	AFS
	KAXCLIFFE YORK	Date of Issue:	4/10/23
Post code:	YO30 5QA	Time of Issue:	
Tel:	07704485000	Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	22 TUKE AVENUE
	TANG HALL YORK
Post Code	Tel:
Tenant/Home Owner* present during inspection	YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	ADAM BENNETT CETING
Address:	58 OAKLEAFE
	YORK
Post Code	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 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	LIVING ROOM	BAXI	BERMUDA	CHK UNIT	C.F.	12	—	YES	YES	YES	PASS	PASS	PASS	YES	PASS	0.0005 / 5.8 PPM	YES	YES	YES
2	KITCHEN	MONTPELLIER	RANGE	RANGE	F.L	19	—	YES	YES	N/A	N/A	N/A	N/A	N/A	PASS	N/A	YES	YES	YES
3			MR90 COX																
4																			
5																			

	DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED	
				Yes	NO
1	CHK UNIT OBSOLETE	SHOWING SIGN OF ACC			
2	GAS TAP BROKEN	OFF PAM REQ IF AVAILABLE			
3					
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:	4/10/23

ATTENTION
Next safety check due by:
4/10/24

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner Green - Registered Gas Installer Pink - Tenant

* delete as applicable

1944063

ARCTIC HAYES