

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) *Coxon, Robertson*

Name:	<i>C. Robertson</i>	Gas Safe Register No:	<i>157664</i>
Address:	<i>19. LEXINGTON COURT</i>	Gas Installer Ref. No.:	<i>17.8.</i>
Post code:	<i>RAWCESTER, YORK</i>	Date of Issue:	<i>11/10/23</i>
Tel:	<i>07710448800</i>	Time of Issue:	
		Engineers Name: (print)	<i>C. Robertson</i>

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	<i>45. MCKEEGATE YORK</i>
Post Code	
Tenant/Home Owner* present during inspection	YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	<i>Adam Bennett GATTING</i>
Address:	<i>58. GILLYBONE YORK</i>
Post Code	
Tel:	<i>611611</i>
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 Hall	MCCORMICK	5000	HE	RS	19	1	Yes	N/A	Yes	Pass	N/A	N/A	Yes	Pass	9.0009 9.0/1.8	Yes	Yes	Yes
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL & WARNING NOTICE ISSUED	
1					Pass / Fail / NA										Yes	NO
2					Pass / Fail / NA											
3					Pass / Fail / NA											
4					Pass / Fail / NA											
5					Pass / Fail / NA											

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:	<i>2</i>
Date:	<i>11/10/23</i>
ATTENTION Next safety check due by:	
<i>19/10/24</i>	