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:	7. WIMPOLE CLOSE	Gas Installer Ref. No :	A.B.
	CLIFTON. YORK	Date of Issue:	22/2/17
Post code:	YO30 5GG	Time of Issue:	
Tel:	479060	Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: ENZE ZHENG

Property Address: 3. WYCLIFFE 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 LETTING

Address: 58. GILLYGATE

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 (if fitted) Yes/No	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: 89 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	KITCHEN	WORCESTER	GREEN STAR 30SI	H.E COMBI	R.S	20 INLET	/	YES	N/A	YES	YES	N/A	N/A	YES	YES	0.0008 9.9/3.5	YES	YES	YES
2																			
3																			
4																			
5																			

	DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED	
1	CONDENSATE PIPE NOT	1	INTO DRAIN N.C.S.		YES	[✓ NO]
2	WATER PRESSURE ZERO	2	FILLED TO 1 BAR		YES	NO
3		3			YES	NO
4		4			YES	NO
5		5			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

This Safety Record is issued by Gas Installer: (SIGNED)

Received on behalf of Landlord / Home Owner: (SIGNED)

Tenant/Landlord/Agent/Home Owner* X ENZE ZHENG

Number of appliances tested: ONE

Date: 22/2/17

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS

To re-order quote code 663010-NUM

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

* delete as applicable

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HayesUK