

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:	213 BURNION STREET YORK
Post Code	
Tenant/Home Owner* present during inspection	YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	HAROLD BENNETT LUTTING
Address:	58. GUYGATE YORK
Post Code	
Tel:	611611
Landlord/Agent* present during inspection	YES/NO

GAS INSTALLER: (Trading Title)	CARIN ROBERTSON
Name:	C. ROBERTSON
Address:	19. LEBBION CROFT
Post code:	YO30 5ZG
Tel:	07710448500
Gas Safe Register No:	57664
Gas Installer Ref. No.:	A.R.
Date of Issue:	30/11/23
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 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	LOGIC	INDEPENDENT	COMB	R.S	19	1	YES	YES	YES	YES	YES	YES	YES	YES	8.5/9.5	YES	YES	YES
2																		
3																		
4																		
5																		
DETAILS OF ANY FAULTS				REMEDIAL ACTION TAKEN						DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED				
1	NO CO ALARM			1	CO ALARM TO BE FITTED IN BOILER ROOM										Yes (NO)			
2				2	REGASIFIED GEAR													
3	WATER LEAK ON BOILER			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:	
Date:	
ATTENTION	
Next safety check due by:	

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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HAYES