

Serial No
795364

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500

ARCTIC HAYES
Tools & Consumables

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Jan 2018

REGISTERED BUSINESS DETAILS

Reg No: 157664

Gas Engineer Name: COUN. ROBERTSON

Gas Safe registered engineer No: 157664

Company: C. ROBERTSON

Address: 19 LEIGHTON CROFT
RAWCURFIE YORK

Postcode: Tel: 07710448500

INSPECTION / INSTALLATION ADDRESS

Name & Title:

Address: 31 SIXTH AVENUE
TANGHALL YORK

Postcode: Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if Applicable)

Name & Title: ADAMS BENNETT BERTING

Address: 58 GEEYHARTIE YORK

Postcode: Tel: 611611

APPLIANCE DETAILS

INSPECTION DETAILS

	Location	Make	Model	Type	Flue type OF/RS/FL	Operating pressure in Mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance safe to use Yes/No
1	KITCHEN	INTEGRAL	EXCESSIVE	HEF	RS	20	YES	N/A	N/A	8.0005	YES	FAIL	N/A	YES	YES	YES	YES
2	KITCHEN	GLOBAL 4	BURNER	HEF	F.L	20	YES	N/A	N/A	N/A	N/A	FAIL	YES	YES	YES	YES	YES
3																	
4																	
5																	

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

Gas Installation Pipework: Satisfactory Visual Inspection: PASS FAIL N/A

Emergency Control Accessible: PASS FAIL N/A

Satisfactory Gas Tightness Test: PASS FAIL N/A

Equipotential Bonding Satisfactory: PASS FAIL

CARBON MONOXIDE: Drowsiness, headaches or nausea when a gas appliance is running could be Carbon Monoxide (CO) poisoning. Turn the appliance off IMMEDIATELY and seek expert help.

CO Alarm(s) fitted: YES NO

CO Alarm(s) tested: YES NO

Make/Model: FIRE ARREST

Date of Manufacture: 2023

(if older than 5 years, alarm(s) may need replacing)

WARNING NOTICE ISSUED Yes/No/NA *

WARNING TAG OR STICKER FIXED Yes/No/NA

1 NOB fitted on flex NO MANY FAULTS INDICATIONS

2 NO SIGNS OF DISTRESS (ALL OK)

3

4

DESCRIPTION OF WORK CARRIED OUT

MOVED POSITION OF CO ALARM

This record is issued by: Signed: [Signature]

Recieved by: Signed: [Signature]

Print Name: [Blank]

Tenant / Agent / Landlord / Home Owner (Date as applicable)

Date: 11/14/24

Date: [Blank]

NUMBER OF APPLIANCES TESTED

Two

ATTENTION

Next Safety check due by: 25/4/24

ies: White - Landlord Pink - Customer / Tenant (if rented) Blue - Engineer