

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: 88 Hill Road

Post Code: YORK

Tel: _____

Tenant/Home Owner* present during inspection: YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: _____

Address: 58 Greyfriars

Post Code: YORK

Tel: 611611

Landlord/Agent* present during inspection: YES/NO

GAS INSTALLER: (Trading Title) <u>CARL ROBERTSON</u>	
Name: <u>C. ROBERTSON</u>	Gas Safe Register No: <u>157664</u>
Address: <u>19. LEITHAM CREST</u>	Gas Installer Ref. No: <u>157664</u>
Post code: <u>YO30 5ZQ</u>	Date of Issue: <u>22/06/23</u>
Tel: <u>07710448500</u>	Time of Issue: _____
Engineers Name: (print) <u>C. ROBERTSON</u>	

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 ₂ Ratio / CO ₂ CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 Kitchen	WATSON	HOOC	HE	RS	20	1	YES	W/A	YES	PASS	W/A	PASS	YES	PASS	8.5/30.30	YES	YES	YES
2																		
3																		
4																		
5																		
DETAILS OF ANY FAULTS							REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED		
1					1												Yes	NO
2					2													
3					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: ONE

Date: 22/06/23

ATTENTION
Next safety
check due by: 25/07/24