

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:	C. Robertson	Gas Safe Register No:	157664
Address:	19. LEVINGTON AVE	Gas Installer Ref. No:	A.R.
Post code:	APUCE HILL, YORK	Date of Issue:	15/06/23
Tel:	0770448500	Time of Issue:	
		Engineers Name: (print)	C. Robertson

TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: 235 BARNES STREET LONDON

Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_

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

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: THOMAS BLANKETT LTD

Address: 58. GREENGATE

Post Code: \_\_\_\_\_ Tel: 611811

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 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 CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No		
Loft	Wick	1300	HE	RS	19.1	18.5	1/23	1/23	1/23	1/23	1/23	1/23	1/23	1/23	0.0013 0.44.37	1/23	1/23	YCS		
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN										DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED	
1																	Yes	NO		
2																				
3																				
4																				
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: 15/6/23

ATTENTION  
Next safety check due by: 28/06/24