

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) <i>Caran Robertson</i>		Gas Safe Register No: <i>157664</i>
Name: <i>C. Robertson</i>	Address: <i>19, LEICESTER ROAD, KILBECK, YORK</i>	Gas Installer Ref. No: <i>A.I.B.</i>
Post code: <i>YO30 5ZQ</i>	Date of Issue: <i>29/06/23</i>	Time of Issue:
Tel:	Engineers Name: (print) <i>C. Robertson</i>	

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	<i>1, BECCLES STREET, YORK</i>
Post Code	Tel:
Tenant/Home Owner* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	<i>Adam Bennett Limited</i>
Address:	<i>58, GREGGATE, YORK</i>
Post Code	Tel: <i>611611</i>
Landlord/Agent* present during inspection	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO2 CO2 Ratio / CO2 CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	ATKINSON	APRIMA	HEC	A.I.S	15	1	YES	YES	YES	YES	YES	YES	YES	YES	8.0/9.0	YES	YES	YES
2																		
3																		
4																		
5																		
DETAILS OF ANY FAULTS				REMEDIAL ACTION TAKEN				DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED						
1	BOILER STAINLESS			1	NO SIGN OF HOT							Yes		NO				
2	FLUES CLIMBER			2	SUPPORT.													
3				3														
4				4														
5				5														

Outcome of gas installation pipework visual inspection?	<input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail / <input type="checkbox"/> NA
Outcome of gas supply pipework visual inspection?	<input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail / <input type="checkbox"/> NA
Is the Emergency Control Valve access satisfactory?	<input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail / <input type="checkbox"/> NA
Outcome of gas tightness test?	<input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail / <input type="checkbox"/> NA
Is the Protective Equipotential bonding satisfactory?	<input checked="" type="checkbox"/> Pass / <input type="checkbox"/> Fail / <input type="checkbox"/> NA

This Safety Record is issued by Gas Installer: (SIGNED) <i>[Signature]</i>		ATTENTION Next safety check due by: <div>.. / .. / ..</div>
Received on behalf of Landlord / Home Owner: (SIGNED) Tenant/Landlord/Agent/Home Owner* <i>[Signature]</i>		
Number of appliances tested: <i>2</i>		
Date: <i>29/06/23</i>		