

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)		Coun. KERRISON	
Name:	C. KERRISON	Gas Safe Register No.:	157664
Address:	19. LETHBRIDGE COURT	Gas Installer Ref. No.:	A.B.
Post code:	BAUCURIE, YORK	Date of Issue:	26/7/23
Tel:	07710448500	Time of Issue:	
		Engineers Name: (print)	C. KERRISON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: 78. ELDON STREET

Post Code: YORK

Tel: _____

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BURNETT LEITCH

Address: 58. GILLGATE

Post Code: YORK

Tel: 011611

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 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 CO ₂ Ratio / CO ₂ CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	Kitchen	Westerly	30000	HE	20	1	YES	N/A	YES	PASS	N/A	N/A	YES	PASS	0.0008 11.0/11.03	YES	YES	YES
2	Worked	30000	HE	R.S	20	1	YES	YES	YES	PASS	N/A	N/A	N/A	PASS	N/A	YES	YES	YES
3																		
4																		
5																		
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: 7230

Date: 26/7/23

ATTENTION
Next safety check due by: 26/7/24