

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: 19. ALBURY WAY
Post Code YO10 5HD Tel: 101010
Tenant/Home Owner* present during inspection YES/NO

GAS INSTALLER: (Trading Title) COALIN. ROBERTSON
Name: C. ROBERTSON Gas Safe Register No: 1576644
Address: 19. LEICESTER CASTLE BRICKFIELD YORK Gas Installer Ref. No: 1718
Post code: YO30 2ZG Date of Issue: 10/01/24
Tel: 0770448500 Time of Issue: 10.00
Engineers Name: (print) C. ROBERTSON

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: HOORN ROBERTSON LTD
Address: 58. BRICKFIELD YORK
Post Code York Tel: 611611
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 Bearing CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	BRAND	HEAT	HE	RS	19	1	YES	YES	YES	YES	YES	YES	YES	YES	8.4/18.3	YES	YES	YES
2	HEAT	HEAT	HE	RS	19	1	YES	YES	YES	YES	YES	YES	YES	YES	8.4/18.3	YES	YES	YES
3																		
4																		
5																		

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

Yes

NO

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: TWO

Date: 10/1/24

ATTENTION

Next safety
check due by:

10/01/25