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) COLIN ROBERTSON			
Name:	C. ROBERTSON	Gas Safe Register No:	157664
Address:	19 LEXTON CROFT	Gas Installer Ref. No :	A.B.
	RAWCLIFFE YORK	Date of Issue:	7/2/24
Post code:	YO30 5ZQ	Time of Issue:	
Tel:	07710448500	Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	19 HALCROFT STREET YORK
Post Code	Tel:
Tenant/Home Owner* present during inspection	YES/~~NO~~

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	ADAM BENNETT LETTINGS
Address:	58 GALLOWGATE YORK
Post Code	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 Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	BACK BED	VOKERA	EXCEL 25	COMBI	R.S	19	—	YES	YES	YES	PASS	N/A	N/A	YES	PASS	0.0009 8.9	YES	YES	YES
2	KITCHEN	VAILLANT	ECOMAX	HOB	F.L	19	—	YES	YES	YES	YES	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	
						Yes	NO
1		1					
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:	TWO
Date:	7/2/24

ATTENTION
Next safety check due by:
7/2/25

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner Green - Registered Gas Installer Pink - Tenant

* delete as applicable

1940842

ARCTIC HAYES