

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

**REGISTERED BUSINESS DETAILS**

Reg No: 203110  
 Company: G204TG SERVICE  
 Address: 5 EASTWAYS HOUSE  
STOCKTON ON FOREST  
 Postcode: YORK YO32 9LE  
 Tel: 07950039646

**INSPECTION/INSTALLATION ADDRESS**

Name & Title:  
 Address: 26 GORDON ST  
YORK  
 Postcode: Tel:

**LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)**

Name & Title: S HODGSON  
 Address: 118 CORE HL  
LEETHAM HOUSE  
YORK  
 Postcode: Tel:

Number of appliances tested: ONE

APPLIANCE DETAILS													FLUE TESTS				INSPECTION DETAILS						
	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No					
1	KITCHEN	IDEAL	BLR	RS	21	YES	NA	NA	0007		YES	PASS	YES	YES	YES	YES	NO	YES					
2		EXCLUSIVE																					
3		30KW COMBI																					
4																							
5																							

For appliances not owned by the landlord the recorded Appliance Safe to Use

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes ☒ No ☐ Emergency Control Accessible: Yes ☒ No ☐ Satisfactory Gas Tightness Test: Yes ☒ No ☐ Equipotential Bonding Satisfactory: Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS				RECTIFICATION WORK CARRIED OUT				WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1									
2									
3									
4									
5									

Approved Audible CO Alarms Fitted & Located Correctly\*\*: Yes ☒ No ☐ N/A ☐ Are CO Alarms in Date: Yes ☒ No ☐ N/A ☐ Testing of CO Alarms Satisfactory: Yes ☒ No ☐ N/A ☐ Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes ☒ No ☐ N/A ☐

**OTHER COMMENTS OR OBSERVATIONS**

**NEXT GAS SAFETY CHECK DUE BEFORE:**

20106125

**ISSUED BY (GAS ENGINEER)**

Print Name: E. Abel Signed: [Signature]  
 Licence No: 5680035 Issue Date: 13-06-24

**RECEIVED BY**

Received By: \_\_\_\_\_ (Delete as applicable)  
 Signed: \_\_\_\_\_ Tenant/Agent/Landlord/Home Owner  
 Print Name: \_\_\_\_\_ No one present at time of visit ☒