

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:	G20HTS SERVICE
Address:	5 EASTWAYS HOUSE STOCKTON ON FOREST
Postcode:	YORK YO32 9UE
Tel:	07950039646

INSPECTION/INSTALLATION ADDRESS	
Name & Title:	
Address:	27 Barstow YORK
Postcode:	
Tel:	

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Name & Title:	
Address:	118 CORE II 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	LOFT	Greenstar	BLR RS	21	NA	NA	NA	NA	0.007		YES	YES	YES	YES	YES	YES	NO	YES
2		30 CDI																
3		SYSTEM																
4																		
5																		

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: F. Nibel	Signed: [Signature]
Licence No: 5680035	Issue Date: 13-06-24
RECEIVED BY	
Received By: [Signature]	(Delete as applicable) Tenant/Agent/Landlord/Home Owner
Signed: [Signature]	Print Name: No one present at time of visit <input type="checkbox"/>