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. LEIGHTON CROFT	Gas Installer Ref. No :	A.B.
	RAWCLIFFE. YORK	Date of Issue:	10/7/24
Post code:	YO30 5ZQ	Time of Issue:	
Tel:	07710448500	Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	78. ELTON STREET
	YORK
Post Code	Tel:
Tenant/Home Owner* present during inspection	YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	ADAM RENNETT LETTING
Address:	58. GILLYGATE
	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 (if fitted) Yes/No	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: 17 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	BOILER ROOM	WORCESTER	30 CDI	SYSTEM	RS CO 0.00	19	/	YES	N/A	YES	YES	N/A	N/A	YES	YES	9/1/6	YES	YES	YES
2	KITCHEN	HOTPOINT	5 BURNER	HOB	F.L	19	/	YES	N/A	YES	YES	N/A	N/A	N/A	YES	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		1				YES	NO
2		2				YES	NO
3		3				YES	NO
4		4				YES	NO
5		5				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: 26/7/25.	**NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**