502154

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a resultof visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.

Gas safe is a registered trade mark of HSE and is used under licence.

ls of Registered Business

afe Register No 655367

ered Engineer's Name PBolton

afe Register Licence Number

ess 29 York Gas Engineering

ss 29 Top ln

ode YO23 3UH

ct No 07917877438

ls of Site

(Mr/Mrs/Miss/Ms) Tenant

ss 4 Granville Terr

YO10 3DY

ode

ct No

ls of Customer/Landlord (or agent where appropriate)

(Mr/Mrs/Miss/Ms) Cook

ss Old School House

ill Lane

York

YO23 2UL

ode

ct No

er of Appliances tested 1

Appliance Details

	Location of	Type	Manufacturer	Model	Serial Number (if required)	Owned by Landlord/Homeowner Yes/No	Inspected Yes/No	Type of flue
1	Kitchen	Boiler	Ideal	Logic 35		Yes	Yes	RCS
2								
3								
4								

Inspection Details

	Operating pressure in mbar and/ or heat input kW/h or Btu/h	Operation of safety device(s) Pass/Fail/NA	Ventilation satisfactory Yes/No	Visual condition of flue and termination Pass/Fail/NA	Flue operation checks Pass/Fail/NA	Combustion analyser reading (if applicable)	Appliance serviced Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Pass/Fail/NA	SAFE TO USE Yes/No
1	30-06	Pass	Yes	Pass	Pass	0-0010	Yes	Yes	Pass	Yes
2										
3										
4										

Safety Related Defect(s) Identified		GIUSP classification eg. AR, ID	Warning/Advisory Record insert form serial No*
1	Condensate pipe.	NA	
2			
3			
4			

Remedial Action Taken numbering should correspond to defects above.

1	Advised LL.
2	
3	
4	

Details of Work carried out

* Refer to separate Warning/Advisory Record

select as appropriate and relevant

- ime of gas installation pipework visual inspection? Pass / Fail / NA
- ime of gas supply pipework visual inspection? Pass / Fail / NA
- Emergency Control Valve access satisfactory? Pass / Fail
- ime of gas tightness test? Pass / Fail / NA
- Protective Equipotential bonding satisfactory? Pass / Fail

Record issued by: Signature PBolton

Print Name

Received by: Signature *Tenant/Landlord/Homeowner/Agent*

Date appliance(s)/flue(s) checked 25-9-25

ATTENTION

Next safety check due by:

25-9-25

See Notes A and B

rget to re-order your pads using reference GSR LGSR PAD2 at www.gassafetyshop.co.uk

Top Copy – Landlord/Homeowner/Managing Agent Green Copy – Tenant Yellow Copy – Registered Business