

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

GAS INSTALLATION / SAFETY RECORD

Serial No.

4420047

Customer / Tenant / Pitch or Location: (delete as applicable)

Name:

Address:

22 BLAKENEY PLACE
YORK

Postcode YO10 3#7

Tel No.

Company details:

Name:

Address:

POSS CONTROLS
59 IRWIN AVE
YORK

Postcode YO31 7TU

Tel No.

Gas Safe Registration No.

196210

NB. To Customer, Tenant, Landlord or Responsible Person. It is important that the company details above and the Gas Safe registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact telephone number.

Type of Work done: (tick box)

Safety Check ☒

Installation ☐

Service ☐

Repairs ☐

Meter/Emergency

Yes ☒

Gas Meter and Installation

Yes ☒

Gas Installation Tightness

Yes ☒

Control Accessible?

No ☐

(visible) Pipework Satisfactory?

No ☐

Test Satisfactory?

No ☐

Fuel Type: (tick box)

Natural Gas ☒

L.P.G. ☐

Is the Installation Safe to Use: (Yes/No)

Appliance Details:

Answer

1

2

3

4

5

6

LOCATION

BATHROOM KITCHEN

OWNER

WORCESTER Z-LORD

TYPE

COMBI HOB

MAKE

WORCESTER ZANUSSI

MODEL

281 3 RING

FLUE TYPE

RS/OF/FL

RS FL

FUEL TYPE

NG/LPG

NG NG

INSPECTED / SERVICED

I/S

Y Y

VENTILATION SATISFACTORY

Y/N/NA

Y Y

SAFETY CONTROL(S) WORKING

Y/N/NA

Y Y

FLUE TERMINATION SATISFACTORY

Y/N/NA

Y NA

FLUE VISUAL CHECK

P/F/NA

P NA

FLUE FLOW SATISFACTORY

P/F/NA

NA NA

SPILLAGE TEST SATISFACTORY

P/F/NA

NA NA

WORKING PRESSURE or HEAT INPUT

mbar, kW/h

19 mbar NA

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

Y N

ANALYSIS RESULT CO/CO₂ RATIO

%

0.0009

APPLIANCE SAFE TO USE

Y/N

Y Y

WARNING LABEL ATTACHED

Y/N

N N

WARNING NOTICE ISSUED

Y/N

N N

REASON CODE - ID/AR/NCA

Appliance

Details of any faults/remedial work required:

Details of any work carried out:

1

2

3

4

5

6

I certify that the above work was carried out by myself on the (date of work done)

Date:

22 Nov 24

The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Operative Name: (in capitals)

MICHAEL GILKES

Signed: (by Operative)

Signed: (by Customer)

Customer Name: (in capitals)

Gas Safe Card Serial No.

5628 055

Number of Appliances Tested:

2

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.
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NEXT SAFETY CHECK DUE WITHIN
12 MONTHS OF THE ABOVE DATE