

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: **589033**
 Company: **Rob Bannon Plumbing & Heating**
 Address: **3 Ryegate Court**
Station Ln, York
 Postcode: **YO31 1HY**
 Tel: **0785 2227215**

INSPECTION/INSTALLATION ADDRESS

Name & Title: **-**
 Address: **19 Seward St**
Blue Road
York
 Postcode: **YO31 1HY**
 Tel: **0785 2227215**

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

Name & Title: **Mark Harris Rattle Properties**
 Address: **612 Mint Hill, GOGO WALKS**
YORK
 Postcode: **YO31 9AE**
 Tel: **0785 2227215**

Number of appliances tested: **2**

APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kWh or Btu/h	Safety device(s) correct operation Yes/NO/NA	Spillage test Pass/Fail/NA	Smoke pellet 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 1st Floor Stove	IDEAL HEAT S32	Bored RS	32kW	Yes	Pass	NA	NA	NA	NA	YBS	YBS	YBS	YBS	YBS	YBS	YBS	YBS
2 1st Floor Stove	MONT PULVER PAVAT	Cooker FC	19.5kW	YBS	NA	NA	NA	NA	NA	YBS	YBS	YBS	YBS	YBS	YBS	YBS	YBS
3																	
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 Satisfactory Visual Inspection: Yes ☒ No ☐ Emergency Control Accessible: Yes ☒ No ☐ Satisfactory Gas Tightness Test: Yes ☒ No ☐ Equipment Potential Bonding Satisfactory: Yes ☒ No ☐

GIVE DETAILS OF ANY FAULTS

RECTIFICATION WORK CARRIED OUT

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

SAFETY CHECK DUE BEFORE:

ISSUED BY (GAS ENGINEER)

Print Name: **R. Bannon** Signed: **R. Bannon**
 Licence No: **589033** Issue Date: **25/11/24**

RECEIVED BY

Received By: **Tenant/Agent/Landlord/Home Owner** No one present at time of visit ☒
 Signed: **Print Name:**

25/11/25