

# GAS INSTALLATION / SAFETY RECORD

Serial No.

4825452

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.

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

Name:

Address:

2 ALNIE TERR  
YORK

Postcode Y010 5AU

Tel No.

Landlord / Letting Agent / Park: (delete as applicable)

Name:

Address:

ZAF IQBAL  
33 HESLINGTON RD  
YORK

Postcode Y010 5AU

Tel No.

Company details:

Name:

Address:

FOX CONTROLS  
59 IRWIN AVE  
YORK

Postcode YO31 7TU

Tel No.

Gas Safe Registration No.

0794 111 4788

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

KITCHEN

KITCHEN

OWNER

LORD

HOB

TYPE

COMBI

LORD

MAKE

WORCESTER

ZANUSSI

MODEL

34CDI

GRING

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

20mbar

NA

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

Y

N

ANALYSIS RESULT CO/CO<sub>2</sub> RATIO

%

0.0006

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

HOB LB AND CENTRE RING NEED CLEANING

2

3

4

5

6

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

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

Date:

2 DEC 24

Operative Name: (in capitals)

Signed: (by Operative)

Gas Safe Card Serial No.

MICHAEL GILLES

*[Signature]*

58 28 050

Customer Name: (in capitals)

Signed: (by Customer)

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