LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4408130

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: 225963
Company: SLEEPSAFE GAS SERVICES
Address: 12 YORK RD
STRENSALL YORK
Postcode: YO32 5UN
Tel: 07799 674565

INSPECTION/INSTALLATION ADDRESS

Name & Title: THE OCCUPIER
Address: 64 SEVENTH AVE
YORK
Postcode: YO31 0NQ Tel:

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

Name & Title: C/O ANNSMITH
Address: 19 THE AVENUE
HAXBY
YORK
Postcode: YO32 1GH Tel:

Number of appliances tested: ONE

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue 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	LANDING	IDEAL EXCLUSIVE 2 30	CMB	RS	17.17	YES	PASS	NA	0007	0007	YES	PASS	YES	YES	YES	YES	YES	YES
2																		
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 Pipework: Satisfactory Visual Inspection: Yes ✓ No ___ Emergency Control Accessible: Yes ✓ No ___ Satisfactory Gas Tightness Test: Yes ✓ No ___ Equipotential Bonding Satisfactory: Yes ✓ No ___

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING * NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1	NA	NA	NA	NA
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

NONE

NEXT GAS SAFETY CHECK DUE BEFORE:

13/12/25

ISSUED BY (GAS ENGINEER)

Print Name: J FLEMING
Licence No: 225963
Signed: [signature]
Issue Date: 13/12/2024

RECEIVED BY

Received By: _____ (Delete as applicable) Tenant/Agent/Landlord/Home Owner
No one present at time of visit ✓
Signed: _____ Print Name: _____