GAS SAFETY RECORD

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visually and c internal inspe This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspendent

Tel:	Post code:		Address:	Name:	
07592 608496	Valt 3nf	York	17 THE CALLERS	12 orening	VI MIN
Engineers Name: (print)	Time of Issue:	Date of Issue:	Gas Installer Ref. No :	Gas Safe Register No:	MINION 11/21
P. ONEW	13:30	30-09-2	1	598784	

Outcome of gas installation pipework visual inspection?	G	4	3	2		DETAILS OF ANY FAULTS	5	4	ω	" WITCHTH STOVES 1600 CD CK	BATHLOOM WICESTON I C. 14.	Chesastad	LOCATION MAKE MODEL TYPE	APPLIANCE DETAILS	Tenant/Home Owner* present during inspection	Post Code Yoro 3my	MILLERO LANG	Property Address: 4 MYLLAS	Tenant/Home Owner* Name:	TENANT/HOME	internal inspection of the flue integrity, construction and lining has not been carried out.	
al inspection? Passy Fail / NA	5	4	3	22	1					R FIL 20.0 -	B R15 - 27.4	Mbar	Flue Type Operating Heat Input e.g. CF or RS Pressure Kw		on YESINO	Tel:	York	D COMIT		TENANT/HOME OWNER DETAILS	ind lining has not been carried out.	
	ja ja					REMEDIAL ACTION TAKEN				N/A VEN VAI	MA WA VAI	Yes/No Yes/No	Safety Ventilation CO Alarm CO Alarm Device Adequate fitted tested	INSPECTION DETAILS	Lar	Pos		Adı	Lar		Tel:	
This Safety Record is issued by Gas Installer: (SIGNED)						Marie and the second				MES NIA MIA 7	hes NIA NIA	il Pass/Fail	Flue Flow Spillage Test Pass/Fail	FLUE	Landlord/Agent* present during inspection	Post Code Volu	~	Address: 33 Au	Landlord/Agent* Name:	LANDLO	07592 608496	
(SIGNED) dulle						DETAILS OF WORK CARRIED OUT				NA lacs NA	1) 1) SS 0.000 8	Pass/Fail	Termination Visual Combustion Satisfactory Condition Performance Reading	FLUE TEST	inspection	Tel:	onh	WEYN DAWE	oith Campbeau	LANDLORD/AGENT DETAILS (if applicable)	Engineers Name: (print)	1
ATTE					Yes	OUT LABEL &				Ph Bh	NA VAN		Appliance Landlord's Safe To Use Appliance	RESULTS	YES/100					oplicable)	P. ONEW	7.1

To re-order quote code 663010-NUM

Is the Protective Equipotential bonding satisfactory?

Pass / Fail / NA

Date:

Pass / Fail / NA Rass/ Fail / NA

Received on behalf of Landlord / Home Owner: (SIGNED)

Super

as / Fail / NA

Number of appliances tested:

1 wa

Tenant/Landlord/Agent/Home Owner*

Outcome of gas tightness test?

Is the Emergency Control Valve access satisfactory? Outcome of gas supply pipework visual inspection? 4 ω 2 5

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

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Next