

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 BARRON PUMPING & HEATING
Address:	8 Rye Court Goose Stokeston W. Yorks
Postcode:	YO31 1HY
Tel:	0785 2227215

INSPECTION/INSTALLATION ADDRESS	
Name & Title:	
Address:	32 Thistle W. York
Postcode:	YO10 3HS
Tel:	

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Name & Title:	KEVIN BRADY
Address:	STONEHILL SANDHILL LANE SUTTON ON DERWENT YORK
Postcode:	YO41 9BX
Tel:	07734855490
Number of appliances tested: 2	

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	KITCHEN	IDEAL LOGIC MAX H24	BOILER	RS	24kW	YES	NA	NA	60112	60112	YES	PASS	YES	YES	YES	YES	YES	YES
2	KITCHEN	CDA	HOB	FL	19mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES	YES
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Emergency Control Accessible: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Satisfactory Gas Tightness Test: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Equipotential Bonding Satisfactory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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GIVE DETAILS OF ANY FAULTS				RECTIFICATION WORK CARRIED OUT				WARNING NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1									
2									
3									
4									
5									

Approved Audible CO Alarms Fitted & Located Correctly**: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Are CO Alarms in Date: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Testing of CO Alarms Satisfactory: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Smoke/Heat Alarms Located & Fitted correctly**: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
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OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:
06/01/26

ISSUED BY (GAS ENGINEER)	
Print Name: P. Barron	Signed:
Licence No: 589033	Issue Date: 06/01/25
RECEIVED BY	
Received By: _____	(Delete as applicable) Tenant/Agent/Landlord/Home Owner
Signed: _____	No one present at time of visit <input checked="" type="checkbox"/>