LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been inspected visually and for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has NOT been carried

REGISTERED BUSINESS DETAILS	
Reg No:	
Company:	Abbey Plumbing + Heating
Address:	41 Kirkdale Road, Osbaldwick, York
Postcode:	YO10 3NQ
Tel:	07876492221

INSPECTION / INSTALLATION ADDRESS	
Name & Title:	Vacant
Address:	12 Glen Road, York
Postcode:	YO31 0XW Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)	
Name & Title:	A. Cowlson
Address:	Gamekeepers Cottage, School Lane, York
Postcode:	Tel:

Number of appliances tested: 1

	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 Vogue C26	Boiler	RS	19	Yes	NA	NA	.0001	.0016	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				
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

NEXT GAS SAFETY CHECK DUE BEFORE: 20/2/26

ISSUED BY (GAS ENGINEER)

Print Name: Joe Dowson Signed: [signature]

Licence No: 41304 Issue Date: 18-2-25

RECEIVED BY

Received By: N/A (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit ✓

Signed: ___ Print Name: ___

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452411

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE APPLIANCE

Form Ref. REGP45