

# GAS INSTALLATION / SAFETY RECORD

Serial No.

3990454

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: **62 BAD BARRAIN LN**  
**YORK**

Postcode: \_\_\_\_\_

Tel No. \_\_\_\_\_

**Company details:**

Name: **GAS SERVICES**

Address: **26 KEBLE PARK SOUTH**  
**BISHOP WATKINS**  
**YORK**

Postcode: **YO232SU**

Tel No. **07981633019**

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

Name: **MR DEAMER**

Address: **69 KEBLE PARK SOUTH**  
**BISHOP WATKINS**  
**YORK**

Postcode: **YO232SU**

Tel No. \_\_\_\_\_

**Gas Safe Registration No.** **215641**

**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 Control Accessible?    Yes     No     Gas Meter and Installation (visible) Pipework Satisfactory?    Yes     No     Gas Installation Tightness Test Satisfactory?    Yes     No

**Fuel Type:** (tick box)    Natural Gas     L.P.G.     **Is the Installation Safe to Use: (Yes/No)** **YES**

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN	KITCHEN				
OWNER		L-L	L-L				
TYPE		BOILER	COOKER				
MAKE		IDEAL	MELINDA				
MODEL		LOGIC 30	NW601GT				
FLUE TYPE	RS/OF/FL	RS	FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED/SERVICED	I/S	I	I				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	MA				
FLUE VISUAL CHECK	P/F/NA	P	MA				
FLUE FLOW SATISFACTORY	P/F/NA	P	MA				
SPILLAGE TEST SATISFACTORY	P/F/NA	MA	MA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19.2 MB	19.6 MB				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO <sub>2</sub> RATIO	%	0.0015					
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		
2		
3		
4		
5		
6		

**I certify that the above work was carried out by myself on the (date of work done)**    Date: **25-6-25**  
The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Operative Name: (in capitals) <b>R P GIBSON</b>	Signed: (by Operative) 	Gas Safe Card Serial No. <b>5867972</b>
Customer Name: (in capitals) <b>NO CONTACT</b>	Signed: (by Customer) 	Number of Appliances Tested: <b>Two (2)</b>