CRAIC BELL LTD PLUMBING & HEATING



LANDLORD/HOME OWNERS GAS SAFETY RECORD

10 MILLFEILD AVE, YORK, YO10 3AB, TEL-07951419414 LICENCE NO. 5877047 REGISTRATION NO. 302755

I CERTIFY THAT I CARRIED OUT INSPECTIONS ON THE APPLIANCES DETAILED BELOW SIGNED C **INSPECTION DATE 01-07-25**

THIS INSPECTION IS FOR GAS SAFETY PURPOSES ONLY TO COMPLYWITH THE GAS SAETY (INSTALLATION & USE REGULATIONS. FLUES HAVE BEEN INSPECTED & CHECKED FOR SATISFACTORY EVACUATION OF PRODUCTS OF COMBUSTION, A DETAILED INSPECTION OF THE FLUE INTEGRITY, CONSTRUCTION AND LINING HAS NOT BEEN CARRIED OUT

INSPECTION/ INSTALLATION DETAILS	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
NAME & TITLE: OCCUPIERS	NAME & TITLE: MR MARK SMITH
ADDRESS: 64 HULL RD, YORK	ADDRESS: RAWCLIFFE LODGE, SHIPTON RD, YORK
POST CODE: TEL:	POST CODE: TEL:

APPLIANCE DETAILS							FLUE TESTS		INSPECTION DETAILS							
	LOCATION	MAKE	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/N A	COMBUSTION ANALYSER READING IF APLLICABLE	SATISFACTO RY TERMINATI ON YES/NO/NA	FLUE VISUAL CONDITON PASS/FAIL/ NA	ADAQUA TE VENTILA TION YES/NO	LANDLORD S APPLIANCE YES/NO/N A	INSPECT ED YES/NO	APPLAICANC E SERVICED YES/NO
1	KITCHEN	IDEAL	INSTINCT	СВІ	RS	35KW	Υ	NA	NA	8.8	Υ	Р	Υ	Υ	Υ	N
2																
3																
4																
5																

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT / WARNING NOTICE/ STICKER ISSUED	NEXT GAS SAFETY CHECK MUST
		BE CARRIED OUT WITHIN 12
		MONTHS

SATISFACTORY VISUAL INSPECTION:

EMERGENCY CONTROL ACCESSIBLE:

SATISFACTORY GAS TIGHTNESS TEST:

EQUIPOTENTIAL BONDING SATISFACTORY:

RECORD ISSUED BY: signed:-

print:- CRAIG BELL

date:- 01/07/25

RECEIVED BY: signed:-

date:-

NUMBER OF APPLIANCES TESTED: ONE

KEY:- Y-YES N-NO P-PASS F-FAIL

CERTIFICATE SERIAL NUMBER:- BELL738