CRAIG BELL LTD PLUMBING & HEATING

LANDLORD/HOME OWNERS GAS SAFETY RECORD

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

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

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

INSPECTION/ INSTALLATION DETAILS	LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)
NAME & TITLE: OCCUPIERS	**NAME & TITLE: MR MARK SMITH**
ADDRESS: 1 BARSTOW AVE, 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/NA	COMBUSTION ANALYSER READING IF APLLICABLE	SATISFACTORY TERMINATION YES/NO/NA	FLUE VISUAL CONDITON PASS/FAIL/ NA	ADAQUATE VENTILATION YES/NO	LANDLORDS APPLIANCE YES/NO/NA	INSPECTED YES/NO	APPLAICANCE SERVICED YES/NO
1	KITCHEN	IDEAL	IINSTINCT 2	COMBI	RS	35KW	Y	NA	NA	-	Y	P	Y	Y	Y	N
2	KITCHEN	FIRENZA	4 RING	HOB	FL	20MB	Y	NA	NA	-	NA	NA	Y	Y	Y	N
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:	Y	EMERGENCY CONTROL ACCESSIBLE:	Y	SATISFACTORY GAS TIGHTNESS TEST:	Y	EQUIPOTENTIAL BONDING SATISFACTORY:	Y

RECORD ISSUED BY: signed:- **print:-** CRAIG BELL **date:- 01/07/25** **RECEIVED BY: signed:-** **date:-** **NUMBER OF APPLIANCES TESTED: TWO**

KEY:- Y – YES N – NO P – PASS F – FAIL **CERTIFICATE SERIAL NUMBER:- BELL744**