

# CRAIG BELL LTD PLUMBING & HEATING

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  INSPECTION DATE 01-07-25



LANDLORD/HOME OWNERS GAS SAFETY RECORD

THIS INSPECTION IS FOR GAS SAFETY PURPOSES ONLY TO COMPLY WITH THE GAS SAFETY (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: 52A WELLINGTON ST, 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 APPLICABLE | SATISFACTORY TERMINATION YES/NO/NA | FLUE VISUAL CONDITION PASS/FAIL/NA | ADAQUATE VENTILATION YES/NO | LANDLORD'S APPLIANCE YES/NO/NA | INSPECTED YES/NO | APPLIANCE SERVICED YES/NO |
| 1                 | GARAGE   | IDEAL     | INSTINCT | CBI  | RS                 | 30KW                                                   | Y                                            | NA                         | NA                                       | 9.8                                       | Y                                  | P                                  | Y                           | Y                              | Y                | N                         |
| 2                 | KITCHEN  | NEW WORLD | 500      | CKR  | 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:- BELL741