## CRAIC BELL LTD PLUMBING & HEATING



LANDLORD/HOME OWNERS GAS SAFETY RECORD

10 MILLFIELD AVE, YORK, YO10 3ST, 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: 18 ABBOTSFORD RD, YORK	ADDRESS: RAWCLIFFE LODGBE, SHIPTON RD, YORK					
POST CODE: TEL:	POST CODE: TEL:					

APPLIANCE DETAILS							FLUE TESTS INSPECTION DETAILS			ILS						
	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	BATHROOM	IDEAL	MINI	СВІ	RS	28KW	Υ	NA	NA	-	Υ	Р	Υ	Y	Υ	N
2																
3																
4																
5																

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT / WARNING NOTICE/ STICKER ISSUED	NEXT GAS SAFETY CHECK MUS			
		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:- BELL728**