

Serial No

8280 415421

LANDLORD/HOMEOWNER GAS SAFETY RECORD

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and Use) Regulations 1998 as amended by the Gas Safety (Installation and Use) (Amendment) Regulations 2018. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500.



Gas safety is a registered trade mark of HSE and is used under licence.

Details of Registered Business

Gas Safe Register No 202787
 Registered Engineer's Name Taj Matharu
 Gas Safe Register Licence Number SB62113
 Business Moortown Plg Htg Ltd
 Address 27 Ayresome Terrace
Leeds
 Postcode LS8 1BH
 Contact No 01775533795

Details of Site

Name (Mr/Mrs/Miss/Ms) Alison Cook
 Address 4 Granville Terrace
Guidhall
York
 Postcode YO10 3DY
 Contact No 07584577059

Details of Customer/Landlord (for agent where appropriate)

Name (Mr/Mrs/Miss/Ms) _____
 Address _____
 Postcode _____
 Contact No N/A

Number of Appliances tested ONE

select as appropriate and relevant

Outcome of gas installation pipework visual inspection? Pass / Fail / NA
 Outcome of gas supply pipework visual inspection? Pass / Fail / NA
 Is the Emergency Control Valve access satisfactory? Pass / Fail
 Outcome of gas tightness test? Pass / Fail / NA
 Is the Protective Equipotential bonding satisfactory? Pass / Fail

Appliance Details

Location of	Type	Manufacturer	Model	Serial Number (if resident)	Cleared by (Landlord/Homeowner/Technician)	Inspected Yes/No	Type of flue
1	Kitchen	Combi Boiler	Ideal Logic + Combi		Yes	Yes	PS
2							
3							
4							

Inspection Details

Operating pressure in millibar and/or with or without Btu/h	Operation of safety device(s)	Ventilation satisfactory	Visual condition of flue and termination	Flue operation checks	Combustion analyser reading (if applicable)	Appliance serviced	SAFE TO USE
Pass/Fail/NA	Yes/No	Pass/Fail/NA	Pass/Fail/NA	Pass/Fail/NA	Yes/No	Yes/No	Yes/No
1	35kW Pass	Yes	Pass	Pass	0.0006	NO	Yes
2							
3							
4							

Optional CO/Smoke Alarm Test Details

Requested to test		Smoke Alarm	
(if fixed) Location	Tested	(if fixed) Location	Tested
KIT	Pass		Pass
	Fail		Fail
	Pass		Pass
	Fail		Fail

Safety Related Defect(s) Identified

1 _____
 2 _____
 3 _____
 4 _____

Remedial Action Taken numbering should correspond to defects above.

1 _____
 2 _____
 3 _____
 4 _____

Details of Work carried out, or Further Action Required

1 _____
 2 _____
 3 _____
 4 _____

GIUSP classification eg. AR, ID _____
Warning/Advisory Record insert form serial No' _____

ATTENTION
 Next safety check due by: 16/10/26

Record issued by: Signature [Signature]
 Print Name Taj Matharu
 Received by: Signature [Signature]
 Date appliance(s)/flue(s) checked 17-10-2025