

LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were inspected visually and checked for satisfactory evacuation of products of combustion. A detailed internal inspection of the flue integrity, construction and lining has not been carried out.

GAS INSTALLER: (Trading Title) **P16 Plumbing + Heating**

Name:	P. O'NEILL	Gas Safe Register No:	598784
Address:	17 NTE CARLOS YORK	Gas Installer Ref. No.:	-
Post code:	Y024 3NF	Date of Issue:	31-10-25
Tel:	07592 608496	Time of Issue:	16:00
		Engineers Name: (print)	P. O'NEILL

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: **20 HOSPITAL FIELDS ROAD FULFORD YORK**

Post Code **YO10 4EE** Tel: _____

Tenant/Home Owner* present during inspection YES/NO **YES (NO)**

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **JOHN CAMPBELL**

Address: **33 PULFORD DRIVE YORK**

Post Code **YO24 1DY** Tel: **07900 556639**

Landlord/Agent* present during inspection YES/NO **YES (NO)**

APPLIANCE DETAILS				INSPECTION DETAILS						FLUE TEST				RESULTS				
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	WATTON IDEAL	LOGIC	C.H.6	RIS	-	24.0	YEA	YEA	YEA	Pass	N/A	N/A	YEA	Pass	0.0009	YEA	YEA	YEA
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1		1				Yes	NO
2		2					
3		3					
4		4					
5		5					

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 / NA

Outcome of gas tightness test? **Pass** / Fail / NA

Is the Protective Equipotential bonding satisfactory? **Pass** / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED) *[Signature]*

Received on behalf of Landlord / Home Owner: (SIGNED) _____

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: **ONE**

Date: **31-10-25**

ATTENTION

Next safety check due by:

31/10/26

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner Green - Registered Gas Installer Pink - Tenant * delete as applicable

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ARCTIC HAYES