The work recorded on this form show with the current Gas Safety (Installat Customer / Tenant / Pitch or Locat	ild be carried ( tion & Use) Re	ALLATIO	N / SAI	ETY RI	ECORD erative in accorda	nnce AQ2	5433	
raction of remainer intention Local	ion: (delete a	s applicable		tra arry memoria	acturers instructio	ns.		
Name:				Company details:				
Address: 46 HESLINGION ID				Name: Transfer Company (Company)				
YORK				Address:				
		,			\	10 10 K		
	Postcode	1010 340				Postcode	17/0	
Tel No.				Tel No.				
Landlord / Letting Agent / Park: (delete as applicable)				Gas Safe Registration No.				
Name: MUZZY I NSM PROPERTIES.				NB. To Customer, Tenant, Landlord or Responsible Person.				
Address:			It is imr	Customer,	Tenant, Landl	ord or Response tails above and	the Gas Safe	
			registra	tion number	he company de are filled in b	y the gas engin	eer/operative	
			Working	on site.				
Postcode				Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the Gas Safe contact				
Tel No.	696	312	telepho	ne number.	птеет/орегацу	0 101 1110 0110		
Type of Work done: (tick box)	Safety Che	ck 🔲	Installation		Service [	Re	pairs	
Meter/Emergency Yes	Gas N	leter and Insta	llation	Yes 🖂			Yes 🖂	
Control Accessible? No		e) Pipework Sa				tion Tightness	No 🗆	
Fuel Type: (tick box) Natural Gas L.P.G.				Is the Installation Safe to Use: (Yes/No)				
Appliance Details:	Answer	1	2					
LOCATION			(115-124)	3	4	5	6	
OWNER		LLOVD	LLORD					
TYPE		OMBI	HOB					
MAKE		32001						
MODEL		JUNCISTER J	BOSCH.					
FLUE TYPE	RS/OF/FL	Rs.	MING JJ					
FUEL TYPE	NG/LPG	NG	NG					
INSPECTED/SERVICED	1/S	1/3						
VENTILATION SATISFACTORY	Y/N/NA	Y	Y		-			
SAFETY CONTROL(S) WORKING	Y/N/NA	¥	NA					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Ý	WA					
FLUE VISUAL CHECK	P/F/NA	P.	NA.					
FLUE FLOW SATISFACTORY	P/F/NA	NA	ND					
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	18 Imper						
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	1	N					
ANALYSIS RESULT CO/CO2 RATIO	%	0.0005					-	
APPLIANCE SAFE TO USE	Y/N	Y	Y				-	
WARNING LABEL ATTACHED	Y/N	N	N					
WARNING NOTICE ISSUED	Y/N	N	N					
REASON CODE - ID/AR/NCA								
Appliance Details of any faults	/remedial	work required	: 1	Details of a	ny work - ·			
1		-491100		Details Of 9	ny work carri	ed out:		
2								
3								
4								
5				-				
6								
I certify that the above work we The customer / tenant / landlord / responsible p	as carried o	out by myself	on the (dat	e of work o	done)	Date	: 1 /2C	
Operative Name: (In capitals)	Signed: (by Operative)				Gas Safe Card Serial No.			
Customer Name: (in capitals)					351 67.73			
Training (in capitals)				Number of Appliances Tested:				