GAS INSTALLATION / SAFETY RECORD

The work recorded on this form should be carried out by a competent, registered gas engineer/operative in accordance with the current Gas Safety (Installation & Use) Regulations, Building Regulations and any manufacturers instructions.

Serial No. 4825428

Customer / Tenant / Pitch or Location: (delete as applicable)

Name:

Address: 11 GREEN DYKES LN
YORK

Postcode YO10 3HB

Tel No.

Landlord / Letting Agent / Park: (delete as applicable)

Name: IMSM PROPERTIES.

Address:
MUDASAR IQBAL

Postcode

Tel No. 07940 407 146.

Company details:

Name: FOS CONTROLS.

Address: 59 IRWIN AVE
YORK

Postcode YO31 7TU.

Tel No. 07941 114 788

Gas Safe Registration No. 196210

NB. To Customer, Tenant, Landlord or Responsible Person.

It is important that the company details above and the **Gas Safe** registration number are filled in by the gas engineer/operative working on site.

Gas Safe may be contacted to check registration, ask the attending gas engineer/operative for the **Gas Safe** contact telephone number.

Type of Work done: (tick box) Safety Check ☑ Installation ☐ Service ☐ Repairs ☐

Meter/Emergency Control Accessible? Yes ☑ No ☐

Gas Meter and Installation (visible) Pipework Satisfactory? Yes ☑ No ☐

Gas Installation Tightness Test Satisfactory? Yes ☑ No ☐

Fuel Type: (tick box) Natural Gas ☑ L.P.G. ☐

Is the Installation Safe to Use: (Yes/No)

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		KITCHEN					
OWNER		LLORD					
TYPE		COMBI					
MAKE		WORCESTER					
MODEL		GOTAR 30Si					
FLUE TYPE	RS/OF/FL	RS.					
FUEL TYPE	NG/LPG	NG					
INSPECTED/SERVICED	I/S	I					
VENTILATION SATISFACTORY	Y/N/NA	Y					
SAFETY CONTROL(S) WORKING	Y/N/NA	Y					
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y					
FLUE VISUAL CHECK	P/F/NA	P					
FLUE FLOW SATISFACTORY	P/F/NA	NA					
SPILLAGE TEST SATISFACTORY	P/F/NA	NA					
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	20mbar					
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y					
ANALYSIS RESULT CO/CO_2 RATIO	%						
APPLIANCE SAFE TO USE	Y/N	Y					
WARNING LABEL ATTACHED	Y/N	N					
WARNING NOTICE ISSUED	Y/N	N					
REASON CODE - ID/AR/NCA							

Appliance	Details of any faults/remedial work required:	Details of any work carried out:
1	FLUE NOT SEALED ON INSIDE	
2	GAS PIPE EE: CLAMPED TO WALL	
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done)
The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

Date: 21 AUG 25

Operative Name: (in capitals) MICHAEL GILMES

Signed: (by Operative)

Gas Safe Card Serial No. 581 8223

Customer Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested: 1

Top White copy to Customer or Landlord, Blue copy to Tenant, Pink copy to be kept by Operative.

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NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE