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. 4825432

Customer / Tenant / Pitch or Location: (delete as applicable)	Company details:
Name:	Name: FOSS CONTROLS.
Address: 48 HESLINGTON RD YORK	Address: 59 IRWIN AVE YORK
Postcode YO10 5AD	Postcode YO31 7TU
Tel No.	Tel No. 0794 111 4788
Landlord / ~~Letting Agent / Park:~~ (delete as applicable)	Gas Safe Registration No. 196210
Name: MW224 IMBM	
Address: 27 EASTWOOD AVE YORK	
Postcode	
Tel No. 07971 696815	

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		OUTSIDE RM	KITCHEN				
OWNER		LLORD	LLORD				
TYPE		BOILER	COOKER				
MAKE		IDEAL	STOVES				
MODEL		VOGUE E	600SLW				
FLUE TYPE	RS/OF/FL	32RS	RS FL				
FUEL TYPE	NG/LPG	NG	NG				
INSPECTED / SERVICED	I/S	I	I				
VENTILATION SATISFACTORY	Y/N/NA	Y	Y				
SAFETY CONTROL(S) WORKING	Y/N/NA	Y	Y				
FLUE TERMINATION SATISFACTORY	Y/N/NA	Y	NA				
FLUE VISUAL CHECK	P/F/NA	P	NA				
FLUE FLOW SATISFACTORY	P/F/NA	NA	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	19mbar	NA				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO_2 RATIO	%	0.0007	—				
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:	Details of any work carried out:
1		
2		
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)	Signed: (by Operative)	Gas Safe Card Serial No.
MICHAEL GILLIES		581 8223
Customer Name: (in capitals)	Signed: (by Customer)	Number of Appliances Tested: 2

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

NEXT SAFETY CHECK DUE WITHIN 12 MONTHS OF THE ABOVE DATE