

GAS INSTALLATION / SAFETY RECORD

Serial No.

4825346

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.

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

Name:

Address:

1 MALBOROUGH GROVE
YORK

Postcode YO10 4AY

Tel No.

Company details:

Name:

Address:

FOSS CONTROLS
59 IRWIN AVE
YORK

Postcode YO31 7TU

Tel No.

0794114788

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

Name:

Address:

ZAR IQBAL
33 HEDDINGTON RD.

Postcode YO10 5AR

Tel No.

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

Yes ☒

Gas Meter and Installation

Yes ☒

Gas Installation Tightness

Yes ☒

Control Accessible?

No ☐

(visible) Pipework Satisfactory?

No ☐

Test Satisfactory?

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

KITCHEN

KITCHEN

OWNER

L LORD

L LORD

L LORD

TYPE

BOILER

HOB LEFT

HOB RIGHT

MAKE

LORCESTER

SS

SS

MODEL

40 CD

4 RING

4 RING

FLUE TYPE

RS/OF/FL

RS

FL

FL

FUEL TYPE

NG/LPG

NG

NG

NG

INSPECTED / SERVICED

I/S

I/S

I

I

VENTILATION SATISFACTORY

Y/N/NA

Y

Y

Y

SAFETY CONTROL(S) WORKING

Y/N/NA

Y

Y

Y

FLUE TERMINATION SATISFACTORY

Y/N/NA

Y

NA

NA

FLUE VISUAL CHECK

P/F/NA

P

NA

NA

FLUE FLOW SATISFACTORY

P/F/NA

NA

NA

NA

SPILLAGE TEST SATISFACTORY

P/F/NA

NA

NA

NA

WORKING PRESSURE or HEAT INPUT

mbar, kW/h

20mbar

NA

NA

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

Y

N

N

ANALYSIS RESULT CO/CO₂ RATIO

%

0.0011

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APPLIANCE SAFE TO USE

Y/N

Y

Y

Y

WARNING LABEL ATTACHED

Y/N

N

N

N

WARNING NOTICE ISSUED

Y/N

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:

24.11.25

Operative Name: (in capitals)

MICHAEL ELLIOTT

Signed: (by Operative)

[Signature]

Gas Safe Card Serial No.

581 8223

Customer Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested:

3