

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.

Name:	P. Overbury	Gas Safe Register No:	598782
Address:	17 The Canals	Gas Installer Ref. No:	-
Post code:	YORK	Date of Issue:	31-10-2
Tel:	07592608496	Time of Issue:	12:00
		Engineers Name: (print)	P. Overbury

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	11 Prospect Terrace
	Furtona York
Post Code	YO1 6EP
Tel:	
Tenant/Home Owner* present during inspection	YES/NO <input checked="" type="radio"/>

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	John Campbell
Address:	33 Buryton Drive
	York
Post Code	YO24 1DX
Tel:	01900 556639
Landlord/Agent* present during inspection	YES/NO <input checked="" type="radio"/>

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
1	Worcester	SI	C.H.B	RJS	-	23.7	Y	Y	Y	Pass	N/A	N/A	Y	Pass	0.0086	Y	Y
2																	
3																	
4																	
5																	

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & NOTICE

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)	
Received on behalf of Landlord / Home Owner: (SIGNED)	
Tenant/Landlord/Agent/Home Owner*	
Number of appliances tested:	ONE
Date:	31-10-25

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

* delete as applicable

2384050

AT
H