

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.
3990473

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

Name:

Address: **41 FARRAR ST
YORK**

Postcode **YO103BY**

Tel No.

Company details:

Name:

Address: **GAS SERVICES
26 KEBLE PARK SOUTH
BISHOPSTHORPE
YORK**

Postcode **YO232SU**

Tel No.

07981633019

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

Name:

Address: **MR DEAMER
69 KEBLE PARK SOUTH
BISHOPSTHORPE
YORK**

Postcode **YO232SU**

Tel No.

Gas Safe Registration No.

215691

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)

YES

Appliance Details:

Answer

1

2

3

4

5

6

LOCATION

KITCHEN KITCHEN

OWNER

L-L L-L

TYPE

BOILER COOKER

MAKE

WOLFORD FLAVEL

MODEL

28.5 E60

FLUE TYPE

RS/OF/FL

RS FL

FUEL TYPE

NG/LPG

NG NG

INSPECTED/SERVED

I/S

S I

VENTILATION SATISFACTORY

Y/N/NA

Y Y

SAFETY CONTROL(S) WORKING

Y/N/NA

Y Y

FLUE TERMINATION SATISFACTORY

Y/N/NA

Y MA

FLUE VISUAL CHECK

P/F/NA

P MA

FLUE FLOW SATISFACTORY

P/F/NA

P MA

SPILLAGE TEST SATISFACTORY

P/F/NA

MA MA

WORKING PRESSURE or HEAT INPUT

mbar, kW/h

18.8mb 20.3mb

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

Y N

ANALYSIS RESULT CO/CO₂ RATIO

%

0.0009

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

BOILER SERVICE DUE

FULL SERVICE

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:

15-12-25

Operative Name: (in capitals)

RP GREEN

Signed: (by Operative)

[Signature]

Gas Safe Card Serial No.

5867972

Customer Name: (in capitals)

NO CONTACT

Signed: (by Customer)

[Signature]

Number of Appliances Tested:

TWO (2)

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**

FLAVEL ML 61NDK