LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 4624699

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

REGISTERED BUSINESS DETAILS

Reg No: 589033
Company: ROB BARRON PLUMBING & HEATING
Address: 8 RYECROFT CLOSE
STOCKTON LN. YORK.
Postcode: YO31 1HY
Tel: 07785 2227215

INSPECTION / INSTALLATION ADDRESS

Name & Title: —
Address: 102 THIEF LN.
YORK.
Postcode: YO10 3HU. Tel:

LANDLORD (OR AGENT) NAME & ADDRESS (if applicable)

Name & Title: KEVIN BLADES
Address: STONELEIGH,
SANDHILL LANE SHIPTON ON DERWENT
YORKS.
Postcode: YO41 4BX Tel: —

Number of appliances tested: 1

APPLIANCE DETAILS / FLUE TESTS / INSPECTION DETAILS

	Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	**Appliance Safe to Use Yes/No**
1	BATHROOM CUB	WORCESTER 36CDI COMPACT	COMBI	RS	36KW	YES	NA	NA	C0 96	C0 96	YES	PASS	YES	YES	YES	YES	YES	YES
2																		
3																		
4																		
5																		

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes ✓ No ___ Emergency Control Accessible: Yes ✓ No ___ Satisfactory Gas Tightness Test: Yes ✓ No ___ Equipotential Bonding Satisfactory: Yes ✓ No ___

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING * NOTICE ISSUED Yes/No/NA	WARNING TAG or LABEL FIXED Yes/No/NA
1				
2				✓
3			✓	
4				
5				

Approved Audible CO Alarms Fitted & Located Correctly**: Yes ✓ No ___ N/A ___
Are CO Alarms in Date: Yes ✓ No ___ N/A ___
Testing of CO Alarms Satisfactory: Yes ✓ No ___ N/A ___
Smoke/Heat Alarms Located & Fitted correctly**: Yes ✓ No ___ N/A ___

OTHER COMMENTS OR OBSERVATIONS

NEXT GAS SAFETY CHECK DUE BEFORE:

07/01/27

ISSUED BY (GAS ENGINEER)

Print Name: R. BARRON Signed: R Barron
Licence No: 589033 Issue Date: 06/01/26

RECEIVED BY

Received By: _____ (Delete as applicable) Tenant/Agent/Landlord/Home Owner No one present at time of visit ✓
Signed: _____ Print Name: _____

Copies: White - Landlord/Agent/Home Owner Green - Engineer Pink - Tenant (if rented)

BF452411

* IF YES, PLEASE REFER TO SEPARATE WARNING NOTICE - DANGER DO NOT USE REPORT PAD

Form Ref. REGP45

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