



# LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 5861650

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: 41304  
Company: Abbey Plumbing & Heating  
Address: 41 Kirkdale Road  
York  
Postcode: YO10 3NQ  
Tel: 07876 492221

## INSPECTION / INSTALLATION ADDRESS

Name & Title: Vacant  
Address: 17 St Hildas Mews  
York  
Postcode: YO10 3SF  
Tel:

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

Name & Title: HP properties York Ltd  
Address: 305 Hull Road  
York  
Postcode: YO10 3LU  
Tel:  
Number of appliances tested: 2

| 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                 | Bedroom  | Ideal Vogue C32  | Boiler | RS                 | 18.1                                                   | Yes                                          | NA                         | NA                                       | 0001                                | 0008                              | Yes                                | Pass                               | Yes                         | Yes                            | Yes              | Yes                           | Yes                       | Yes                          |
| 2                 | Kitchen  | Ariston 4 Burner | Hob    | EL                 | 20                                                     | Yes                                          | NA                         | NA                                       | —                                   | —                                 | Yes                                | Pass                               | Yes                         | Yes                            | Yes              | Yes                           | Yes                       | Yes                          |
| 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:**

10/10/27

## ISSUED BY (GAS ENGINEER)

Print Name:

J. Dawson

Signed:

10-4-26

Licence No:

41304

Issue Date:

## RECEIVED BY

Received By:

N/A

(Delete as applicable)  
Tenant/Agent/Landlord/Home Owner

No one present  
at time of visit ☒

Signed:

Print Name: