

GAS INSTALLATION / SAFETY RECORD

Serial No.

3990484

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: 21 BAD BARRAIN LN
YORK

Postcode YO310QX

Tel No.

Company details:

Name:

Address: GAS SERVICES
28 KEBLE PARK SOUTH
BISHOPSTHORPE
YORK

Postcode YO232SU

Tel No.

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

Name:

Address: MR N DEAMER
69 KEBLE PARK SOUTH
BISHOPSTHORPE
YORK

Postcode YO232SU

Tel No.

Gas Safe Registration No.

215671

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

IDEAL FLAME

MODEL

LOGICCO G50

FLUE TYPE

RS/OF/FL

RS FL

FUEL TYPE

NG/LPG

NG NG

INSPECTED / SERVICED

I/S

I I

VENTILATION SATISFACTORY

Y/N/NA

Y Y

SAFETY CONTROL(S) WORKING

Y/N/NA

Y Y

FLUE TERMINATION SATISFACTORY

Y/N/NA

Y NA

FLUE VISUAL CHECK

P/F/NA

P NA

FLUE FLOW SATISFACTORY

P/F/NA

P NA

SPILLAGE TEST SATISFACTORY

P/F/NA

MA NA

WORKING PRESSURE or HEAT INPUT

mbar, kW/h

18.1mb 18.1mb

FLUE GAS ANALYSIS PERFORMED

Y/N/NA

0.0018 N

ANALYSIS RESULT CO/CO₂ RATIO

%

0.0011

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

2

3

4

5

6

I certify that the above work was carried out by myself on the (date of work done)

Date:

The customer / tenant / landlord / responsible person has been informed of any faults/remedial work required to bring the installation up to standard.

1-7-26

Operative Name: (in capitals)

Signed: (by Operative)

Gas Safe Card Serial No.

Customer Name: (in capitals)

Signed: (by Customer)

Number of Appliances Tested:

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**