LANDLORD / HOME OWNER GAS SAFETY RECORD

Report Ref No: 45C 6009543

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: 970875
Company: ANGELICAL HEATING + GAS
Address: 73 BARLEY RISE
STRENSALL YORK
Postcode: YO32 5AB
Tel: 07432104628

INSPECTION / INSTALLATION ADDRESS

Name & Title:
Address: 18 THIEF LANE.
YORK
Postcode: YO10 3HS Tel:

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

Name & Title: SAMANTH HATTON
Address: 18 THIEF LANE
YORK
Postcode: YO10 3HS 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 MAY	Final combustion analyser reading MAY	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	KITCHEN	IDEAL LOGIC MAX C40	BLR	RS	40.88	YES	✓	✓	9.7%	8.3%	YES	YES	YES	YES	YES	YES	YES	YES
2									1218M	5PPM								
3									0.0013	0.0000								
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:

17/09/27

ISSUED BY (GAS ENGINEER)

Print Name: J ALLAN
Signed: [signature]
Licence No: 611829
Issue Date: 17/09/26

RECEIVED BY

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

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