Name:	Name: MICHAEL GILKES
Address: 293 HESLINGTON RD YORK	Address: 59 IRON ANE YORK
Postcode YO10 5AR	Postcode YO31 7LU
Tel No.	Tel No. 0794 111 4788
Landlord / Letting Agent / Park: (delete as applicable)	**Gas Safe Registration No.** 196210
Name: SIMON SINGLETON	**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.
Address: SOUTH GRANGE FARM ELLERTON YORK	
Postcode YO42 4PH.	
Tel No.	

Type of Work done: (tick box)	Safety Check ☑	Installation ☐	Service ☐	Repairs ☐		
Meter/Emergency Control Accessible?	Yes ☑ No ☐	Gas Meter and (visible) Pipework Satisfactory?	Installation Yes ☑ No ☐	Gas Installation Tightness Test Satisfactory?	Yes ☑ No ☐	
Fuel Type: (tick box)	Natural Gas ☑	L.P.G. ☐	**Is the Installation Safe to Use:** (Yes/No)			

Appliance Details:	Answer	1	2	3	4	5	6
LOCATION		UTILITY	KITCHEN				
OWNER		LLORD	LLORD.				
TYPE		COMBI	HOB.				
MAKE		IDEAL	HOTPOINT				
MODEL		INSTINCT30	4 RING				
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	NA	NA				
SPILLAGE TEST SATISFACTORY	P/F/NA	NA	NA				
WORKING PRESSURE or HEAT INPUT	mbar, kW/h	21mbar	—				
FLUE GAS ANALYSIS PERFORMED	Y/N/NA	Y	N				
ANALYSIS RESULT CO/CO_2 RATIO	%	0.0008	—				
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	HOB - RF NOT WORKING.	
2		
3		
4		
5		
6		

I certify that the above work was carried out by myself on the (date of work done) **Date:** 30-6-26

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

Operative Name: (in capitals)	Signed: (by Operative)	Gas Safe Card Serial No.