

# LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title)		Colum. Robertson	
Name:	C. Robertson	Gas Safe Register No.:	157664
Address:	19 Lathbury Court Runcorn, York	Gas Installer Ref. No.:	A.B.
Post code:	YO30 5ZQ	Date of Issue:	29/06/23
Tel:	07710448500	Time of Issue:	
		Engineers Name: (print)	C. ROBERTSON

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_  
 Property Address: 94 EIDEN STREET  
 YORK  
 Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ADAM BARKER  
 Address: 58 GUYCLIFFE  
 YORK  
 Post Code: \_\_\_\_\_ Tel: 011611  
 Landlord/Agent\* present during inspection YES/NO

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST			RESULTS								
LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested Pass/Fail	Flue Flow Test Pass/Fail	Spillage Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO2 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Appliance Yes/No	
1	Broken	Wessing	Boiler	HE	20	20	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2																			
3																			
4																			
5																			

### DETAILS OF ANY FAULTS

### REMEDIAL ACTION TAKEN

### DETAILS OF WORK CARRIED OUT

### LABEL & WARNING NOTICE ISSUED

Outcome of gas installation pipework visual inspection? **Pass / Fail / NA**  
 Outcome of gas supply pipework visual inspection? **Pass / Fail / NA**  
 Is the Emergency Control Valve access satisfactory? **Pass / Fail / NA**  
 Outcome of gas tightness test? **Pass / Fail / NA**  
 Is the Protective Equipotential bonding satisfactory? **Pass / Fail / NA**

This Safety Record is issued by Gas Installer: (SIGNED)  
 Received on behalf of Landlord / Home Owner: (SIGNED)  
 Tenant/Landlord/Agent/Home Owner\*  
 Number of appliances tested: **ONE**  
 Date: **29/06/23**

**ATTENTION**  
 Next safety check due by: **22/07/24**