

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) COLIN ROBERTSON

Name: C. Robertson Gas Safe Register No: 157664

Address: 19. LEATHEN CROFT Gas Installer Ref. No: A.B.

RAVELE HILL YORK Date of Issue: 11/07/23

Post code: YO20 5ZQ Time of Issue:

Tel: 07710448550 Engineers Name: (print) C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: 7. BARETHUS HOUSE

Property Address: 7. BARETHUS HOUSE

Post Code: YO20 5ZQ Tel: 611611

Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BINNETT LETTING

Address: 58. GULLYHALL YORK

Post Code: YO20 5ZQ Tel: 611611

Landlord/Agent* present during inspection YES/NO

LOCATION	APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST			RESULTS							
	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation 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 CO: CO2 Ratio / CO2 CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<u>ATKINSON</u>	<u>24</u>	<u>11</u>	<u>R.S</u>	<u>12.4</u>	<u>✓</u>	<u>YES/NA</u>	<u>YES</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>	<u>COOK</u>
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	<u>STARTING TO SHOW SIGNS OF AGE</u>	<u>NOSE PAIR IS UNARMED</u>	<u>FOR BARKER</u>			Yes	NO
2							
3							
4	<u>NO CABLE CAN BE SEEN TO SHOW WHICH ONE IS FOR NO. 1</u>						
5	<u>OWNER TO CONFIRM GAS SUPPLIER</u>						

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) [Signature]

Received on behalf of Landlord / Home Owner: (SIGNED) [Signature]

Tenant/Landlord/Agent/Home Owner* ONE

Number of appliances tested: ONE

Date: 11/07/23

ATTENTION Next safety check due by: 19/07/24