

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: **G18421**  
 Company: **O. Pae**  
 Address: **2 Stone Cross Court York**  
 Postcode: **YO61 3GL**  
 Tel: **01704431673**

**INSPECTION/INSTALLATION ADDRESS**

Name & Title: **SOFIA ABBAS**  
 Address: **29 Eastward Avenue Fulford York**  
 Postcode: **YO10 4LL**  
 Tel: **07929 290047**

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

Name & Title: **SOFIA ABBAS**  
 Address: **29 Eastward Avenue Fulford**  
 Postcode: **YO10 4LL**  
 Tel: **07929 290047**  
 Number of appliances tested: **1**

**APPLIANCE DETAILS**

Location	Make and Model	Type	Fue Type OF-RS/FL	Operating pressure in meter or heat input kWh 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	Final combustion analyser reading	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
1	Bathroom	Worcester	ORS	RS 20.3	YES	Pass	NA	0.009	0.007	YES	Pass	YES	YES	YES	NO	YES
2																
3																
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 Satisfactory Visual Yes  No  Emergency Control Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipotential Bonding Satisfactory: Yes  No

**GIVE DETAILS OF ANY FAULTS**

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	
1			
2			
3			
4			
5			

Audible CO Alarms: Approved CO Alarms Fitted: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke Alarms Fitted: Yes  No  N/A

**OTHER COMMENTS OR OBSERVATIONS**

Blank space for other comments or observations.

**NEXT GAS SAFETY CHECK DUE BEFORE:**  
**11/17/24**

**ISSUED BY (GAS ENGINEER)**

Print Name: **OWEN ROE** Signed: \_\_\_\_\_  
 Licence No: **5429858** Issue Date: **11-7-23**

**RECEIVED BY**

Received By: \_\_\_\_\_  
 Tenant/Agent/Landlord/Home Owner  
 Signed: \_\_\_\_\_  
 Print Name: \_\_\_\_\_

No one present at time of visit