

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
 Property Address: 25 TEMPLE AVE
TANG HARC. YORK
 Post Code:
 Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT CENTRAL
 Address: 58 GUYTON ST YORK
 Post Code:
 Landlord/Agent* present during inspection YES/NO
 Tel: 011611

GAS INSTALLER: (Trading Title) COLIN ROBERTSON
 Name: C. ROBERTSON Gas Safe Register No: 157604
 Address: 19 LINGTON CRES Gas Installer Ref. No.: A.B.
RAWCURFE, YORK Date of Issue: 16/11/23
 Post code: YO30529 Time of Issue: 9:55
 Tel: 07710488500 Engineers Name: (print) C. ROBERTSON

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 Operation	Ventilation Adequate	CO Alarm fitted	CO Alarm tested	Flue Flow Test	Spillage Test	Termination Satisfactory	Visual Condition	Combustion Performance Reading	Appliance Safe To Use	Landlord's Appliance	Inspected	
							Yes/No	Yes/No	Yes/No	Pass/Fail	Pass/Fail	Pass/Fail	Yes/No	Pass/Fail	CO: / CO2 CO	Yes/No	Yes/No	Yes/No	
1	Worcester	282	MC	R.S	19.1	1	YES	YES	YES	YES	PASS	PASS	YES	PASS	9.9908 / 9.3461	YES	YES	YES	
2																			
3																			
4																			
5																			

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	3	4	5	Pass / Fail / NA	Pass / Fail / NA	Yes / No
1	Bolted flange to show signs of age				Pass		NO
2	Gas pipe not secured in place				Pass		
3					Pass		
4					Pass		
5					Pass		

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)
 Tenant/Landlord/Agent/Home Owner*
Number of appliances tested: ONE
Date: 16/11/23

ATTENTION
 Next safety check due by: 16/11/24