

# 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) **CAROL ROBERTSON**

Name: **C. ROBERTSON** Gas Safe Register No: **157664**

Address: **19. GILTON CROFT** Gas Installer Ref. No: **A.B.**

**RAWCESTER, YORK** Date of Issue: **16/11/23**

Post code: **YO30 5ZG** Time of Issue:

Tel: **07710448500** Engineers Name: (print) **C. ROBERTSON**

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name:

Property Address: **18. NORTHGATE DRIVE**

**RAWCESTER, YORK**

Post Code

Tenant/Home Owner\* present during inspection  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: **ARMAN BARKETT CENTRE**

Address: **58 - GUYGATE YORK**

Post Code

Tel: **611611**

Landlord/Agent\* present during inspection  YES  NO

## APPLIANCE DETAILS

LOCATION	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 Reading CO, CO2 CO Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	BATH ROOM	LOGIC 24	HE COMBI	R.S. FUEL	24	24	YES/NA	YES/NA	YES/NA	YES/NA	NA	NA	YES	PASS	8.4/8.3	YES	YES	YES	
2																			
3																			
4																			
5																			

## INSPECTION DETAILS

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 CO, CO2 CO Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
YES/NA	YES/NA	NA	NA	YES	PASS	8.4/8.3	YES	YES	YES

## FLUE TEST

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 CO, CO2 CO Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
YES/NA	YES/NA	NA	NA	YES	PASS	8.4/8.3	YES	YES	YES

## RESULTS

## DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

## REMEDIAL ACTION TAKEN

1	
2	
3	
4	
5	

## DETAILS OF WORK CARRIED OUT


## LABEL & WARNING NOTICE ISSUED

Yes	NO

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: **16/11/23**

ATTENTION

Next safety check due by:

**09/12/24**