



# LANDLORD/HOME OWNER GAS SAFETY RECORD

Report Ref No: **45C 2803138**

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: 589033  
 Company: Rob Barron Pumping + Heating  
 Address: 8 Regent Road York  
 Postcode: YO31 1HY  
 Tel: 0785 222215

### INSPECTION/INSTALLATION ADDRESS

Name & Title: —  
 Address: 329 Blue Road York  
 Postcode: YO10 3LQ  
 Tel: —

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

Name & Title: MARK HARRIS-Barrow Properties  
 Address: The Grove, Barrow  
 Postcode: YO22 2XP  
 Tel: —  
 Number of appliances tested: 2

### APPLIANCE DETAILS

Location	Make and Model	Type	Flue Type OF/RS/FL	Operating pressure in mbar 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	Knowles	CDA 6 Ring	Fe	19.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES
2	Worcester	Staircase	Vertical	12.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES
3	Worcester	Staircase	Vertical	12.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES
4	Worcester	Staircase	Vertical	12.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES
5	Worcester	Staircase	Vertical	12.5mb	YES	NA	NA	NA	NA	NA	NA	YES	YES	YES	YES	YES

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 Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No

### GIVE DETAILS OF ANY FAULTS

1																
2																
3																
4																
5																

### RECTIFICATION WORK CARRIED OUT


Approved Audible CO Alarms Fitted & Located Correctly: Yes  No  N/A  Are CO Alarms In Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke/Heat Alarms Located & Fitted correctly: Yes  No  N/A

### OTHER COMMENTS OR OBSERVATIONS

*Message received from landlord re gas safety record*

**SAFETY CHECK DUE BEFORE:**  
**01/12/24**

### ISSUED BY (GAS ENGINEER)

Print Name: R. Barron  
 Licence No: 589038  
 Signed: [Signature]  
 Issue Date: 01/12/23

### RECEIVED BY

Received By: [Signature]  
 Signed: [Signature]  
 Print Name: [Name]  
 No one present at time of visit

WARNING NOTICE ISSUED Yes/No/NA  
 WARNING TAG or LABEL FIXED Yes/No/NA