

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: FLAT C. 136. LAWRENCE STREET
 Post Code: _____ Tel: YORK
 Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ARON BASHFORD CONSULTANTS
 Address: 58 GILKYPARK
 Post Code: _____ Tel: YORK
 Landlord/Agent* present during inspection YES NO

| | | |
|---|---|-------------------------------------|
| GAS INSTALLER: (Trading Title) <u>COLIN ROBERTSON</u> | | Gas Safe Register No: <u>157664</u> |
| Name: <u>C. ROBERTSON</u> | Gas Installer Ref. No: <u>A.R.</u> | Date of Issue: <u>31/1/24</u> |
| Address: <u>19. LEWTON COTT</u> | Engineers Name: (print) <u>C. ROBERTSON</u> | Time of Issue: _____ |
| Post code: <u>PAUCIFFE. YORK</u> | | |
| Tel: <u>07710448500</u> | | |

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 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 Ratio / CO2 CO | Appliance Safe To Use Yes/No | Landlord's Appliance Yes/No | Inspected Yes/No |
|----------|--------|-------|------|----------------------------|----------------------------|------------------|---|-----------------------------------|------------------------------|---------------------------------|--------------------------------|----------------------------|---------------------------------------|----------------------------------|---|------------------------------------|-----------------------------------|---------------------|
| 1 | KIENKA | 5051D | MC | RS | 20 | 1 | YES/NO | YES | YES | PASS | PASS | PASS | YES | GOOD | 98 | YES | YES | YES |
| 2 | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | |

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

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: 3/1/24

ATTENTION

Next safety check due by: 10/1/25