

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)		C. ROBERTSON	
Name:	C. ROBERTSON	Gas Safe Register No:	157684
Address:	19. LEIGHWAY ROAD BRUCEHILL, YORK	Gas Installer Ref. No.:	A.S.
Post code:	YO30 5ZQ	Date of Issue:	31/12/14
Tel:	07710448500	Time of Issue:	
		Engineers Name: (print)	C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: Flat A, 136 Waterloo Street

Post Code: _____ Tel: YORK

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: _____

Address: 58. GREGG ROAD

Post Code: _____ Tel: YORK

Landlord/Agent* present during inspection YES NO

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	KITCHEN	FRANK	INSTANT COMBI	R.S	20	12.5	YES	YES	YES	PASS	PASS	PASS	YES	28	15.0 / 15.0	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																			

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: 2

Date: 31/12/14

ATTENTION
Next safety check due by:
19/1/15