

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) Carlin Robertson		Gas Safe Register No:	157664
Name:	C. Robertson	Gas Installer Ref. No.:	A.B.
Address:	19. Leighton Road Barncliffe, York	Date of Issue:	31/1/24
Post code:	YO30 5ZG	Time of Issue:	
Tel:	07710485000	Engineers Name: (print)	C. Robertson

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: **32. Chalcion Avenue**

Post Code: _____ Tel: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **Robert Roberts Lettings**

Address: **58. Gresham St**

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 ₁ / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	Worcester	LSM35	WLF	RS	20	1	Yes/No	Yes/No	Yes/No	Pass/Fail	Pass/Fail	Pass/Fail	Yes/No	CO ₁ 0.00	CO ₂ 17	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**