

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: 3. HAMBLETON TERRACE
 Post Code: YORK
 Tel: _____
 Tenant/Home Owner* present during inspection: YES/NO

GAS INSTALLER: (Trading Title) <u>Colin Robertson</u>		Name:	<u>C. Robertson</u>	Gas Safe Register No:	<u>157664</u>
Address:	<u>19. LEIGHTON CDD</u>	Address:	<u>BAKELAKE, YORK</u>	Gas Installer Ref. No.:	<u>A.R.</u>
Post code:	<u>YO30 5ZG</u>	Post code:	<u>YO30 5ZG</u>	Date of Issue:	<u>1/10/24</u>
Tel:	<u>07710448500</u>	Tel:	<u>07710448500</u>	Time of Issue:	<u>12:15</u>
		Engineers Name: (print)	<u>C. Robertson</u>		

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: _____
 Address: 58 GULLY GATE
 Post Code: _____
 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	KIEMEN	VOKER LINEA COMBI	R.S	18.1	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
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: 10/1/24

ATTENTION
 Next safety check due by: 10/1/25