

# 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: Tracy Ours, Brecon Mills  
 Property Address: Heston Road, York  
 Post Code: YO12 9JL  
 Tel:   
 Tenant/Home Owner\* present during inspection:  YES/NO

GAS INSTALLER: (Trading Title)		<u>COLIN ROBERTSON</u>	
Name:	<u>Colin Robertson</u>	Gas Safe Register No:	<u>157664</u>
Address:	<u>19. LEITHTON ROAD</u>	Gas Installer Ref. No.:	<u>RRR</u>
Post code:	<u>YO30 5ZQ</u>	Date of Issue:	<u>10/1/24</u>
Tel:	<u>07710448500</u>	Time of Issue:	<u></u>
		Engineers Name: (print)	<u>C. ROBERTSON</u>

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ADAM ROBERTSON  
 Address: 58 GREGGATE  
 Post Code: YO12 9JL  
 Tel: 011611  
 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 Beading CO2 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	Utility Room	BOE	SYSTEM	R.S 19	19	1	YES	YES	YES	PASS	PASS	YES	YES	CO2 21	YES	YES	YES	YES	
2	Kitchen	SAFARI	HOB	B.L 19	19	1	YES	YES	YES	PASS	PASS	YES	YES	CO2 21	YES	YES	YES	YES	
3																			
4																			
5																			

## DETAILS OF ANY FAULTS

## REMEDIAL ACTION TAKEN

## DETAILS OF WORK CARRIED OUT

LABEL & WARNING  
NOTICE ISSUED

1		1	
2		2	
3		3	
4		4	
5		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) [Signature]  
 Received on behalf of Landlord / Home Owner: (SIGNED) [Signature]  
 Tenant/Landlord/Agent/Home Owner\* [Signature]

Number of appliances tested: Two

Date: 10/1/24

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