

# 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: 25 FLOXMAN AVENUE  
TONG HAOK - YORK  
 Post Code: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection:  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ADAM BARKETT LETING  
 Address: 58 GREENGATE YORK  
 Post Code: \_\_\_\_\_  
 Tel: 01161  
 Landlord/Agent\* present during inspection:  YES  NO

GAS INSTALLER: (Trading Title) Coxin Robertson  
 Name: C. Robertson Gas Safe Register No: 457664  
 Address: 19 LEATHAM CROFT Gas Installer Ref. No.: 1913  
RAKELIFE, YORK Date of Issue: 23/01/24  
 Post code: YO30 5ZQ Time of Issue: \_\_\_\_\_  
 Tel: 09710448500 Engineers Name: (print) C. ROBERTSON

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 CG	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<u>Worcester Bosch</u>	<u>1000</u>	<u>CFE</u>	<u>RS</u>	<u>20</u>	<u>19</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>PASS</u>	<u>PASS</u>	<u>PASS</u>	<u>YES</u>	<u>PASS</u>	<u>8.89/14</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2	<u>Worcester Bosch</u>	<u>1000</u>	<u>CFE</u>	<u>RS</u>	<u>20</u>	<u>19</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>	<u>PASS</u>	<u>PASS</u>	<u>PASS</u>	<u>YES</u>	<u>PASS</u>	<u>8.89/14</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	1	2	1	2	Yes	NO
1							
2	<u>NO STABILITY 1100K OR CRAIN ON CTR.</u>						
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: 23/01/24

ATTENTION  
 Next safety check due by: 23/01/24