

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: 24 MICHAELS STREET
YORK
 Post Code: _____
 Tenant/Home Owner* present during inspection YES/NO _____

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT CEYING
 Address: 58 GILBERT
YORK
 Post Code: _____
 Landlord/Agent* present during inspection YES/NO NO

GAS INSTALLER: (Trading Title) C. ROBERTSON
 Name: C. ROBERTSON Gas Safe Register No: 1576044
 Address: 19 LEIGHTON CROFT Gas Installer Ref. No.: A.B.
RAWEIFFE YORK Date of Issue: 23/1/24
 Post code: YO30 5ZQ Time of Issue: _____
 Tel: 07710448500 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: <u>105</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	KITCHEN	WOKING	HE	R.S	18.7	1	YES	YES	YES	PASS	PASS	PASS	YES	PASS	0.0025	YES	YES	YES	
2	KITCHEN	CARBON	HE	F.L	18	1	YES	YES	YES	PASS	PASS	PASS	YES	PASS	0.0025	YES	YES	YES	
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

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: 23/1/24

ATTENTION
 Next safety check due by: 24/1/25