

# 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: **20. HESINGTON ROAD**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection:  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: **ARM BOWKETT LETTING**  
 Address: **58. GILLYGATE**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post Code: \_\_\_\_\_  
 Landlord/Agent\* present during inspection:  YES  NO

GAS INSTALLER: (Trading Title) **CAROL ROBERTSON**  
 Name: **C. ROBERTSON** Gas Safe Register No: **1576064**  
 Address: **19 LIGHTON CROFT** Gas Installer Ref. No.: **A.B.**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Post code: **YO30 5ZG** Date of Issue: **24/1/24**  
 Tel: **09771048500** 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/12 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	OUT HOUSE	VOKIAN	HE	RS	19	1	YES	NO	YES	PASS	PASS	CO	CO	PASS	8.00/14	YES	YES	YES	
2	KIRKBY	4 Burner	HE	FL	19	1	YES	YES	YES	PASS	PASS	NO	NO	PASS	N/A	YES	YES	YES	
3																			
4																			
5																			

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	NO FLUE BURKETT						YES
2	GAS PIPE NOT SECURED IN WDR						NO
3							
4	UNABLE TO SEE CAPLITH CALL BURNER TO BE CHECKED						
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: **24/1/24**

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