

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: 41 SCARBOROUGH TERRACE
 Post Code: YORK
 Tel: _____
 YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ARMAN BARNWELL LIMITED
 Address: 58 GUYBOTE
 Post Code: YORK
 Tel: 611611
 YES/NO

GAS INSTALLER: (Trading Title) COUN. ROBERTSON
 Name: C. ROBERTSON
 Address: 19 LEICESTER CROFT
 Post code: YO30 5ZG
 Tel: 07710448500
 Gas Safe Register No: 157664
 Gas Installer Ref. No: A.B
 Date of Issue: 17/01/24
 Time of Issue: _____
 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 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	WILKINSON	LOGJET 30	1HE COMBI	R.S 20	INLET	20	YES	YES	YES	YES	YES	YES	YES	78	YES	YES	YES	YES
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	3	4	5	6	7	8

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: 17/01/24

ATTENTION
 Next safety check due by: 18/01/24