

# 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: NICHOLAS STREET  
 Property Address: 38 NICHOLAS STREET  
YORK  
 Post Code: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 YES/NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ARMAN BENNETT CERTNTE  
 Address: 58 GILBERT  
YORK  
 Post Code: \_\_\_\_\_  
 Tel: 011611  
 YES/NO

GAS INSTALLER: (Trading Title) C. ROBERTSON  
 Name: C. ROBERTSON  
 Gas Safe Register No: 157604  
 Address: 19 LEIGHTON CROFT  
 Gas Installer Ref. No.: A.B.  
BRAXFORD, YORK  
 Date of Issue: 18/10/24  
 Post code: YO30 5Z9  
 Time of Issue: \_\_\_\_\_  
 Tel: 0770448500  
 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	POULET VARIAN	FE0	MC	RS	19	-	YES/NA	YES/NA	YES	PASS	PASS	CO: 97	CO2 Ratio: 9.9%	CO2 CO	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		Fitted	CO Alarm	URGENT BOLLEN IS		Yes	NO
2							
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: ONE  
 Date: 18/10/24