

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: S. FARMER ST YORK
 Post Code: _____
 Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BLENKETT CENTRAL
 Address: 58 GUYBATE YORK
 Post Code: _____
 Landlord/Agent* present during inspection YES NO

GAS INSTALLER: (Trading Title) Cowan Robertson
 Name: C. Robertson Gas Safe Register No: 1576844
 Address: 19 LAINION CROFT Gas Installer Ref. No: AB
 Post code: LAWEARRE YORK Date of Issue: 16/01/24
 Tel: 07710448500 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	Ventilation Adequate	CO Alarm fitted	CO Alarm tested	Flue Flow Test	Spillage Test	Termination Satisfactory	Visual Condition	Combustion Performance Reading	Appliance Safe To Use	Landlord's Appliance	Inspected	
							Yes/No	Yes/No	Pass/Fail	Pass/Fail	Pass/Fail	Pass/Fail	Yes/No	Pass/Fail	CO Ratio / CO2 CO	Yes/No	Yes/No	Yes/No	
1	<u>York</u>	<u>C24</u>	<u>MC</u>	<u>R.S</u>	<u>18.7</u>	<u>1</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Pass</u>	<u>Pass</u>	<u>Yes</u>	<u>Pass</u>	<u>8.0/0.90</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
2	<u>KIRKES</u>	<u>4 Burner</u>	<u>ICOB</u>	<u>F.L</u>	<u>19</u>	<u>1</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>Pass</u>	<u>Pass</u>	<u>Yes</u>	<u>Pass</u>	<u>N/A</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	
3																			
4																			
5																			

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

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: 16/01/24

ATTENTION
 Next safety check due by: 16/01/25