

# 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: B. ALAN TEBBAGE

Property Address: 19 CECILIA ST YORK

Post Code: YO30 5ZG

Tel: \_\_\_\_\_

Tenant/Home Owner\* present during inspection  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ADAM BENNETT (GAS)

Address: 58 GUYBURY YORK

Post Code: YO16 11

Tel: \_\_\_\_\_

Landlord/Agent\* present during inspection  YES  NO

GAS INSTALLER: (Trading Title) C. ROBERTSON

Name: C. ROBERTSON

Address: 19 CECILIA ST YORK

Post code: YO30 5ZG

Tel: \_\_\_\_\_

Gas Safe Register No: 57064

Gas Installer Ref. No: 16/1/24

Date of Issue: \_\_\_\_\_

Time of Issue: \_\_\_\_\_

Engineers Name: (print) C. ROBERTSON

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				REMEDIAL ACTION TAKEN				DETAILS OF WORK CARRIED OUT				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	Appliance Safe To Use	Appliance Yes/No	Inspected Yes/No	Label & Warning Notice Issued		
1	WILKINSON	RS519	HE	RS519	28.5	19	YES	YES	YES	YES	PASS	PASS	YES	PASS	8.2/8.4	YES	YES	YES	YES		
2																					
3																					
4																					
5																					

**DETAILS OF ANY FAULTS**

1 \*BORDER SHOWING SIGN OF AGE CORRECTED IN SMOKE

2 ADVISE NEW BOILER WITH RIBBONS

3 ADV CORRECTED

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: 0

Date: 16/1/24

ATTENTION  
Next safety check due by: 16/1/25