

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: 18. PENNY'S GROVE STREET
YORK
 Post Code:
 Tenant/Home Owner* present during inspection: YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ARAM BENNETT
 Address: 58. GILBERT
YORK
 Post Code:
 Landlord/Agent* present during inspection: YES/NO

GAS INSTALLER: (Trading Title) COWIN ROBERTSON
 Name: C. ROBERTSON Gas Safe Register No: 157664
 Address: 19. LEIGHTON COURT Gas Installer Ref. No.: AB
RAWCROFT, YORK Date of Issue: 17/1/24
 Post code: YO30 5ZG Time of Issue:
 Tel: 07710448500 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	BATH ROOM	TRAK	HE	R-S 19	19	19	YES	N/A	YES	CO 0.00	N/A	CO 0.00	YES	PASS	9.8/9.19	YES	YES	YES
2	KITCHEN	BOSS	COMBI	F.L 19	19	19	YES	YES	N/A	N/A	N/A	N/A	N/A	N/A	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	2	3	4	5	Yes	No	Yes/No

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) [Signature]
 Received on behalf of Landlord / Home Owner: (SIGNED)
 Tenant/Landlord/Agent/Home Owner*
 Number of appliances tested: TWO
 Date: 17/1/24

ATTENTION
 Next safety check due by: 18/1/25