

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.

GAS INSTALLER: (Trading Title) *COUN. ROBERTSON*

Name: *C. ROBERTSON* Gas Safe Register No: *157664*

Address: *19 LEIGHTON CROFT* Gas Installer Ref. No: *A.B.*

Post code: *Y630 5Z9* Date of Issue: *14/2/24*

Tel: *07710448500* Engineers Name: (print) *C. ROBERTSON*

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: *50, EASTFIELD CRESCENT*

BAOBER HILL, YORK

Post Code _____ Tel: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *ARMAN BANKETT LETTING*

Address: *58 GUYCARATE YORK*

Post Code _____ Tel: *61611*

Landlord/Agent* present during inspection YES NO

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 Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance CO: <i>34</i> CO2 Ratio / CO2 % <i>9.24/19</i>	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	<i>BATH ROOM</i>	<i>GREEN</i>	<i>HE</i>	<i>R.S</i>	<i>19</i>	<i>1</i>	<i>YES</i>	<i>N/A</i>	<i>YES</i>	<i>PASS</i>	<i>PASS</i>	<i>N/A</i>	<i>YES</i>	<i>PASS</i>	<i>N/A</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	
2	<i>KITCHEN</i>	<i>V/K</i>	<i>4 Burner Hob</i>	<i>F.L</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>N/A</i>	<i>N/A</i>	<i>PASS</i>	<i>PASS</i>	<i>N/A</i>	<i>N/A</i>	<i>PASS</i>	<i>N/A</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	
3																			
4																			
5																			

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	<i>Boiler starting to</i>	<i>SHOW SIGNS OF</i>	<i>WEAR</i>				<input type="checkbox"/> YES <input checked="" type="checkbox"/> 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: *2*

Date: *14/2/24*

ATTENTION
Next safety check due by: *14/2/25*