

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) **C. ROBERTSON**

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

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

Post code: **YO30 5ZG** Date of Issue: **14/2/24**

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

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: **10 ST Johns Crescent**

Post Code: _____

Tel: _____

Tenant/Home Owner* present during inspection **YES/NO**

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ADAM BENNETT LETTING**

Address: **58 GILLGATE York**

Post Code: _____

Tel: **611611**

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 Test Pass/Fail	Termination Satisfactory Yes/No	Visual Condition Pass/Fail	Combustion Performance Reading CO ₁ / CO ₂ / CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	VITVITY	VOKERA	COMBI	CS	19	1	YES	NA	YES	PASS	NA	NA	YES	PASS	8.0015	YES	YES	YES	
2	KIEMER	BUSH	F/L	F.L	19	1	YES	NA	NA	NA	NA	NA	NA	NA	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	6	7	8

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**