

# 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) *Colin Robertson*

Name: *Robertson* Gas Safe Register No: *157664*

Address: *19 Leighton Crk.* Gas Installer Ref. No.: *A.B.*

Post code: *07710448500* Date of Issue: *21/2/24*

Tel: *07710448500* Time of Issue: *C. Robertson*

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: *29 MARKHAM STREET YORK*

Post Code: \_\_\_\_\_

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

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

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: *Adam Bennett Lettings*

Address: *58. GUYBOTE YORK*

Post Code: \_\_\_\_\_

Tel: *7030529*

Landlord/Agent\* present during inspection YES/NO \_\_\_\_\_

LOCATION	APPLIANCE DETAILS			INSPECTION DETAILS				FLUE TEST				RESULTS							
	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 CO2 Ratio / CO2 CO	Appliance Safe to Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	<i>At the gateway</i>	<i>25</i>	<i>HE</i>	<i>CF</i>	<i>19</i>	<i>19</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>NA</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>8.995</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	
2																			
3																			
4																			
5																			

1	2	3	4	5	REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
					YES	NO	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) \_\_\_\_\_

Received on behalf of Landlord / Home Owner: (SIGNED) \_\_\_\_\_

Tenant/Landlord/Agent/Home Owner\* \_\_\_\_\_

Number of appliances tested: *ONE*

Date: *21/2/24*

ATTENTION  
Next safety check due by: *22/2/24*