

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) **COWN ROBERTSON**

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

Address: **19 LEBBION CRT** Gas Installer Ref. No: **P.B.**

Post code: **AWK1 1FE** Date of Issue: **13/12/24**

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

TENANT/HOME OWNER DETAILS

Tenant/Home Owner Name: **FLAT D.136 LAWRENCE STREET YORK**

Property Address: **FLAT D.136 LAWRENCE STREET YORK**

Post Code: **YO1 1PE** Tel: **YES/NO**

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

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent Name: **ARMY BENEFIT LETTERS**

Address: **58 GILBERT ST YORK**

Post Code: **YO1 1PE** 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 Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
	BOE	224	HE	RS	20	1	YES/NA	YES/NA	YES	PASS	PASS	0.00	YES	PASS	8.00003	YES	YES	YES

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1 NOT COMPLETE REPAIRS IN FRONT OF BLOCK FOR MAINTENANCE						Yes <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
2							
3							
4							
5							

This Safety Record is issued by Gas Installer: (SIGNED) **[Signature]**

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

Tenant/Landlord/Agent/Home Owner* **[Signature]**

Number of appliances tested: **ONE**

Date: **13/12/24**

ATTENTION
Next safety check due by: **13/12/25**