

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: *C. Robertson* Gas Safe Register No: *15760d4*

Address: *19 LEIGHTON CREW* Gas Installer Ref. No: *A.R.*

Post code: *YO30 5JQ* Date of Issue: *22/2/24*

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

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____

Property Address: *41. SUNKY CRESCENT*

Post Code: *YO31* Tel: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *ALAN BENNETT LEITING*

Address: *58. GUYARDIE YORK*

Post Code: _____ Tel: *01181*

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	Ventilation Adequate	CO Alarm fitted	CO Alarm tested	Flue Flow Test	Spillage Test	Termination Satisfactory	Visual Condition	Combustion Performance	Appliance Safe To Use	Landlord's Appliance	Inspected	
							Yes/No	Yes/No	Yes/No	Pass/Fail	Pass/Fail	Pass/Fail	Yes/No	Pass/Fail	CO: % CO2 CO	Yes/No	Yes/No	Yes/No	
1	<i>Worcester Bosch</i>	<i>Worcester Bosch</i>	<i>HE</i>	<i>P.S</i>	<i>14.4</i>	<i>20</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	<i>Pass</i>	<i>Pass</i>	<i>Pass</i>	<i>Yes</i>	<i>Pass</i>	<i>8.9% CO2</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	
2																			
3																			
4																			
5																			

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	2	3	4	5	6

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: *22/2/24*

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