

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) *Corn. Robertson*

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

Address: *19 Victoria Road* Gas Installer Ref. No: *A.B.*

Post code: *W4 3JF* Date of Issue: *28/2/24*

Tel: *0770448500* Time of Issue: *C. Robertson*

TENANT/HOME OWNER DETAILS

Tenant/Home Owner Name: _____

Property Address: *112. Alwin Avenue*

TRING Herts. YORK

Post Code: _____ Tel: _____

Tenant/Home Owner present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent Name: _____

Address: *58. Gillygate*

YORK

Post Code: _____ Tel: *01161*

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	<i>Worcester</i>	<i>281</i>	<i>HE</i>	<i>R.S. JUC</i>	<i>1.5</i>	<i>19</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>9.00/1.00/0.00</i>	<i>Yes</i>	<i>Yes</i>	<i>Yes</i>	
2																			
3																			
4																			
5																			

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	<i>CO Alarm in wrong location</i>	<i>Repositioned CO Alarm</i>					
2	<i>Low pressure</i>	<i>topped up pressure</i>					
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: *ONE*

Date: *28/2/24*

ATTENTION
Next safety check due by: *20/3/25*