

This record can be used to document the outcomes of the checks and tests required by The Gas Safety (Installation and use) Regulations. Some of the outcomes are as a result of visual inspection only and are recorded where appropriate. Unless specifically recorded no detailed inspection of the flue lining, construction or integrity has been performed. Registered Business/engineer details can be checked at www.gassaferegister.co.uk or by calling 0800 408 5500

REGISTERED BUSINESS DETAILS Reg No: 157664
 Gas Engineer Name: COLIN ROBERTSON
 Gas Safe registered engineer No: 157664
 Company: C. ROBERTSON CROFT
 Address: 19, LELBATHON CROFT
 RAWcliffe, YORK
 Postcode: _____ Tel: _____

INSPECTION / INSTALLATION ADDRESS
 Name & Title: _____
 Address: 45. REDBARN DRIVE
 OSBARNOWICK YORK.
 Postcode: _____ Tel: _____

LANDLORD (OR AGENT) NAME & ADDRESS (if Applicable)
 Name & Title: ADAM BEANETT LETTING
 Address: 58. GILLYGATE
 YORK
 Postcode: YO31 7EG Tel: 611611

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS								
Location	Make	Model	Type	Flue type OF/RS/FL	Operating pressure in Mbar or kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flow test Pass/Fail/NA	Combustion analyser reading (if applicable)	Satisfactory termination Yes/No/NA	Flue visual condition Pass/Fail/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance safe to use Yes/No
1	UTILITY IDEAL	FF340	Boiler RS		12.6	YES	N/A	N/A	0.0009 CO2 0.00	YES	PASS	N/A	YES	YES	✓	YES
2																
3																
4																
5																

Gas Installation Pipework: Satisfactory Visual Inspection: PASS FAIL N/A
 Emergency Control Accessible: PASS FAIL N/A
 Satisfactory Gas Tightness Test: PASS FAIL N/A
 Equipment Bonding Satisfactory: PASS FAIL N/A
CARBON MONOXIDE: Drowsiness, headaches or nausea when a gas appliance is running could be Carbon Monoxide (CO) poisoning. Turn the appliance off IMMEDIATELY and seek expert help.
 CO Alarm(s) fitted: YES NO CO Alarm(s) tested: YES NO Date of Manufacture: 2021 (if older than 5 years, alarm(s) may need replacing)
 Make/Model: EIZOB

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA *	WARNING TAG OR STICKER FIXED Yes/No/NA
1	OLD BOILER ON LIMITED PARTS, STARTING TO SHOW SIGNS OF AGE GAS PIPE NOT SCREENED IN WACC			
2				
3				
4				

DESCRIPTION OF WORK CARRIED OUT

This record is issued by: _____ Signed: _____
 Recieved by: _____ Signed: _____
 Print Name: _____
 Tenant / Agent / Landlord / Home Owner (Delete as applicable): _____
 Date: 10/14/24
 Date: _____
NUMBER OF APPLIANCES TESTED ONE
ATTENTION Next Safety check due by: 19/14/25
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