

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

Address: 19 LEITHAM CROFT
RAWCRAFT YORK

Postcode: YO30 5ZG Tel: 0770448500

INSPECTION / INSTALLATION ADDRESS

Name & Title: _____

Address: 12. ARTHUR STREET
YORK

Postcode: YO10 3EE Tel: _____

LANDLORD (OR AGENT) NAME & ADDRESS (if Applicable)

Name & Title: ADAM REINBERT LETTING

Address: 58. GEEYGATE
YORK

Postcode: YO31 7EA Tel: 011611

APPLIANCE DETAILS				FLUE TESTS				INSPECTION DETAILS								
Location	Make	Model	Type	Flue type OF/RS/FL	Operating pressure in Mbar or heat input kW/h or Btu/h	Safety device(s) correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet flue flow test Pass/Fail/NA	Combustion analyser reading (if applicable) CO ₂ CO ₂ CO ₀	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 KITCHEN	IDEAL	4095	COMBI	R-S	12.7	YES	N/A	N/A	0.0006	YES	PASS	N/A	YES	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

Equipotential Bonding Satisfactory: PASS FAIL

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

Make/Model: fridfridge Date of Manufacture: unknown

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA *	WARNING TAG OR STICKER FIXED Yes/No/NA
<u>TOPPED UP GAS PRESSURE</u>		<u>no</u>	<u>no</u>
1			
2			
3			
4			

DESCRIPTION OF WORK CARRIED OUT

NUMBER OF APPLIANCES TESTED: ONE

ATTENTION: Next Safety check due by: 18/4/25

This record is issued by: _____ Signed: _____ Date: 10/14/24

Received by: _____ Signed: _____ Date: _____

Tenant / Agent / Landlord / Home Owner (Delete as applicable)