

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____
 Property Address: 77. TRINITY LANE YORK
 Post Code: YO10 3HT Tel: _____
 Tenant/Home Owner* present during inspection: YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BRAMLEY LETCHING
 Address: 58. GULLY GATE YORK
 Post Code: YO31 7EG Tel: 611611
 Landlord/Agent* present during inspection: YES NO

GAS INSTALLER: (Trading Title) COLIN ROBERTSON
 Name: C. ROBERTSON Gas Safe Register No: 157604
 Address: 19, LEISHAM CROFT, HARLFEE, YORK Gas Installer Ref. No.: A.B.
 Post code: YO30 5ZG Date of Issue: 9/14/24
 Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

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: <u>88</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	KITCHEN FREAK	LOGIC 735	HE COMBI	R-S	20	1	YES	YES	YES	PASS	PASS	COO	YES	PASS	8:38:34	YES	YES	YES	
2	KITCHEN	4 Burner	HOB	F-L	19	0	YES	YES	YES	PASS	PASS	N/A	N/A	N/A	N/A	YES	YES	YES	
3																			
4																			
5																			

DETAILS OF ANY FAULTS		REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	EXCESSIVE WHITE SMOKE	NOT	NOT	NOT	NOT	NOT	NOT
2							
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: 2
 Date: 09/14/24

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