

Serial No
795365

LANDLORD/HOMEOWNER GAS SAFETY RECORD

AH ARCTIC HAYES
Tools & Consumables

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: COUN. ROBERTSON

Gas Safe registered engineer No: 157664

Company: C. ROBERTSON

Address: 19. LEIGHTON CROFT

RAWCLIFFE, YORK

Postcode: YO30 5ZQ Tel: 07710448500

INSPECTION / INSTALLATION ADDRESS

Name & Title: _____

Address: 1. ROSSYN STREET

YORK

Postcode: _____

Tel: _____

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

Name & Title: ADAM BENNETT LETTING

Address: 58. GUY/GATE

YORK

Postcode: _____

Tel: 011611

APPLIANCE 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)	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 <u>Back Bedroom</u>	<u>IDEAL ROCKET COMBI</u>	<u>C76</u>	<u>MC</u>	<u>RS</u>	<u>19</u>	<u>YES</u>	<u>N/A</u>	<u>N/A</u>	<u>CO 45</u>	<u>YES</u>	<u>CO 0.00</u>	<u>N/A</u>	<u>N/A</u>	<u>YES</u>	<u>YES</u>	<u>YES</u>
2																
3																
4																
5																

INSPECTION DETAILS

Emergency Control Accessible: PASS FAIL N/A

Satisfactory Gas Tightness Test: PASS FAIL N/A

Equipotential Bonding Satisfactory: PASS FAIL N/A

CO Alarm(s) fitted: YES NO CO Alarm(s) tested: YES NO

Make/Model: C51208 Date of Manufacture: 2021 (if older than 5 years, alarm(s) may need replacing)

Rectification Work Carried Out: _____

Warning Notice Issued Yes/No/NA: N/A

Warning Tag or Sticker Fixed Yes/No/NA: N/A

GIVE DETAILS OF ANY FAULTS

No	Description of Fault
1	
2	
3	
4	

DESCRIPTION OF WORK CARRIED OUT

This record is issued by: _____ Signed: _____

Received by: _____ Signed: _____

Print Name: _____

Tenant / Agent / Landlord / Home Owner: _____

Date: 10/14/24

NUMBER OF APPLIANCES TESTED

ONE

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

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