

# LANDLORD/HOMEOWNER GAS SAFETY RECORD

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](http://www.gassaferegister.co.uk) or by calling 0800 408 5500

Serial No  
**795367**

**REGISTERED BUSINESS DETAILS** Reg No: **157664**

Gas Engineer Name: **COUN. ROBERTSON**

Gas Safe registered engineer No: **1576664**

Company: **COUN. ROBERTSON**

Address: **19, LEIGHTON CROFT YORK**

Postcode: **YO30 5TA** Tel: **07716448500**

**INSPECTION / INSTALLATION ADDRESS**

Name & Title:

Address: **67, NEWBOROUGH STREET YORK**

Postcode: **YO30 7AB**

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

Name & Title: **ADAM BRANETT LEITCH**

Address: **58 GUY/GATE YORK**

Postcode:

Tel: **611611**

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)	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	GREENSTAR	HOOPER 1000	HE	RS	19 WATTS	YES	N/A	NA	20.87	CO2 0.00	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

**Equipment 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  Date of Manufacture: **2024** (if older than 5 years, alarm(s) may need replacing)

Make/Model: **CE1208**

GIVE DETAILS OF ANY FAULTS		RECTIFICATION WORK CARRIED OUT		WARNING NOTICE ISSUED Yes/No/NA *		WARNING TAG OR STICKER FIXED Yes/No/NA	
1	FITTED NEW CO ALARM	NEW WAS FITTED IN ROOM					
2							
3							
4							

**DESCRIPTION OF WORK CARRIED OUT**

This record is issued by: **CA ROBERTSON** Signed: \_\_\_\_\_ Date: **8/5/24**

Received by: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Tenant / Agent / Landlord / Home Owner (Delete as applicable)

**NUMBER OF APPLIANCES TESTED** ONE

**ATTENTION** Next Safety check due by: **9/5/25**

Copies: White - Landlord Pink - Customer / Tenant / If rented Blue - Engineer

\*If yes, please refer to separate warning advice notice copy

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