Serial No
795370

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 or by calling 0800 408 5500

ARCTIC HAYES Tools & Consumables

REGISTERED BUSINESS DETAILS Reg No: 157664

Gas Engineer Name: COLIN. ROBERTSON
Gas Safe registered engineer No: 157664
Company: C. ROBERTSON
Address: 19. LEIGHTON CROFT
YORK
Postcode: YO30 5Z9 Tel: 07710448500

INSPECTION / INSTALLATION ADDRESS

Name & Title:
Address: 58. BAKER STREET
YORK
Postcode: Tel:

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

Name & Title: ADAM BENNETT LETTING
Address: 58. GILLYGATE
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) CO 64	Satisfactory temination Yes/No/NA	Flue visual condition Pass/Fail/ NA CO 0.00	Adequate ventilation Yes/No	Landlord's appliance Yes/No/ NA	Inspected Yes/No	Appliance serviced Yes/No	Appliance safe to use Yes/No
				HE													
1	KITCHEN	IDEAL	I-MIN C30	COMBI	RS	19.1 INPUT	YES	N/A	N/A	0.0007	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

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: EI208 Date of Manufacture: 2022 [if older than 5 years, alarm(s) may need replacing]

	GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA *	WARNING TAG OR STICKER FIXED Yes/No/NA
	LOW PRESSURE	TOPPED UP	NO	NO
1				
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: 10/5/24
Date:

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

NUMBER OF APPLIANCES TESTED ONE

ATTENTION Next Safety check due by: 10/5/25

Copies: White - Landloard Pink - Customer / Tenant (If rented) Blue - Engineer