

LANDLORD/HOMEOWNER GAS SAFETY RECORD



Serial No
795374

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.gasaferegister.co.uk or by calling 0800 408 5500

REGISTERED BUSINESS DETAILS Reg No: 157664

Gas Engineer Name: COXIN, ROBERTSON
 Gas Safe registered engineer No: 157664
 Company: C. ROBERTSON
 Address: 19 LEBURNTON YORK
 Postcode: YO30 5Z9 Tel: 07710448500

INSPECTION / INSTALLATION ADDRESS

Name & Title: 250. TANGHALL CARRIE
 Address: TANGHALL YORK
 Postcode: Tel:

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

Name & Title: ADAM BENNETT
 Address: 58 GUYGATE 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 devices correct operation Yes/No/NA	Spillage test Pass/Fail/NA	Smoke pellet 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 KITCHEN	FRIGIDAIRE	COOKER	MC	RS	19	YES	N/A	N/A	0.94	YES	CO-0-00	N/A	YES	YES	YES	YES
2 KITCHEN	BEKO	592 COOKER	FL	FL	19	YES	N/A	N/A	0.0010	N/A	0.0000	N/A	N/A	YES	YES	YES
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 N/A

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: 01/2008

GIVE DETAILS OF ANY FAULTS	RECTIFICATION WORK CARRIED OUT	WARNING NOTICE ISSUED Yes/No/NA *	WARNING TAG OR STICKER FIXED Yes/No/NA
1			
2			
3			
4			

DESCRIPTION OF WORK CARRIED OUT

This record is issued by: [Signature] Signed: [Signature] Date: 21/5/24

Received by: [Signature] Signed: [Signature] Date: 23/5/25

NUMBER OF APPLIANCES TESTED: Two

ATTENTION Next Safety check due by: 23/5/25

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

Print Name: [Blank]