

This inspection is for gas safety purposes only to comply with the Gas Safety (Installation and Use) Regulations. Flues have been 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.

**REGISTERED BUSINESS DETAILS**

Reg No: 157664  
 Company: COIN REPAIRS  
 Address: 19 LEITCHTON CROFT  
 BAWCUPFIE YORK  
 Postcode: YO30 5ZQ  
 Tel: 07710448500

**INSPECTION/INSTALLATION ADDRESS**

Name & Title:  
 Address: RAWCUPFIE GRANGE FARM  
 NORTHAMPTON DRIVE  
 BAWCUPFIE YORK  
 Postcode:  
 Tel:

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

Name & Title: ADAM BROWNLET LITTLE  
 Address: 58 GUYLORATE  
 YORK  
 Postcode:  
 Tel: 01611  
 Number of appliances tested: 2

**APPLIANCE DETAILS**

Location	Make and Model	Type	Flue Type OFRS/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 flow test Pass/Fail/NA	Initial combustion analyser reading	Final combustion analyser reading
1 KITCHEN	AGA GAS	AG	O.F	20	YES	PASS	PASS	N/A	N/A
2 UTILITY	FRANK LOGIC	CS	R.S	20	YES	N/A	N/A	8.0/6.78	8.0/6.78
3									
4									
5									

**FLUE TESTS**

Satisfactory termination Yes/No/NA	Adequate ventilation Yes/No	Landlord's appliance Yes/No/NA	Inspected Yes/No	Appliance Visual Check Yes/No	Appliance serviced Yes/No	Appliance Safe to Use Yes/No
YES	YES	YES	YES	YES	YES	YES
YES	YES	YES	YES	YES	YES	YES

**INSPECTION DETAILS**

Flue visual condition Pass/Fail/NA	Final combustion analyser reading	Initial combustion analyser reading	Smoke pellet flow test Pass/Fail/NA	Spillage test Pass/Fail/NA	Safety device(s) correct operation Yes/No/NA	Operating pressure in mbar or heat input kW/h or Btu/h	Flue Type OFRS/FL	Type	Make and Model	Location
PASS	N/A	N/A	PASS	PASS	YES	20	O.F	AG	AGA GAS	KITCHEN
PASS	8.0/6.78	8.0/6.78	N/A	N/A	YES	20	R.S	CS	FRANK LOGIC	UTILITY

For appliances not owned by the landlord the recorded 'Appliance Safe to Use' response is based on a visual check for obvious defects only

Gas Installation Pipework: Satisfactory Visual Inspection: Yes  No  Emergency Control Accessible: Yes  No  Satisfactory Gas Tightness Test: Yes  No  Equipment Bonding Satisfactory: Yes  No  WARNING NOTICE ISSUED Yes/No/NA: NO

**GIVE DETAILS OF ANY FAULTS**

1	
2	
3	
4	
5	

**RECTIFICATION WORK CARRIED OUT**

1		WARNING TAG or LABEL FIXED Yes/No/NA: NO
2		
3		
4		
5		

Approved Audible CO Alarms Fitted & Located Correctly\*\*: Yes  No  N/A  Are CO Alarms in Date: Yes  No  N/A  Testing of CO Alarms Satisfactory: Yes  No  N/A  Smoke/Heat Alarms Located & Fitted correctly\*\*: Yes  No  N/A

**OTHER COMMENTS OR OBSERVATIONS**

CO.70 Ratio 0.0009  
 8.0/6.78

**NEXT GAS SAFETY CHECK DUE BEFORE:**

21/5/28

**ISSUED BY (GAS ENGINEER)**

Print Name: C. ROBERTSON Signed: [Signature]  
 Licence No: 157664 Issue Date: 21/5/24

**RECEIVED BY**

Received By: [Signature] No one present at time of visit   
 Signed: [Signature] Print Name: [Signature]