

LANDLORD/HOME OWNER GAS SAFETY RECORD

This inspection is for gas safety purposes only in accordance with the current edition of the Gas Safety (Installation and Use) Regulations. Flues were 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.

GAS INSTALLER: (Trading Title) **C. ROBERTSON**
 Name: **C. ROBERTSON** Gas Safe Register No: **157664**
 Address: **19. LENTITION ROAD** Gas Installer Ref. No: **P.P.B**
RAWCROFT YORK Date of Issue: **8/6/24**
 Post code: **YO30 5ZG** Time of Issue:
 Tel: **07710448500** Engineers Name: (print) **C. ROBERTSON**

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
 Property Address: **235 BURTON SIDING YORK**
 Post Code
 Tenant/Home Owner* present during inspection YES NO
 Tel:

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ADAM BENNETT LETING**
 Address: **58. GUYBRIE YORK**
 Post Code
 Landlord/Agent* present during inspection YES NO
 Tel: **611611**

APPLIANCE DETAILS

LOCATION	MAKE	MODEL	TYPE	Flue Type e.g. CF or RS	Operating Pressure Mbar	Heat Input Kw	Safety Device Correct Operation Yes/No	Ventilation Adequate Yes/No	CO Alarm fitted Yes/No	CO Alarm tested (if fitted) Yes/No
1	TRIAL	1300	HE COMB	RS 20	20	20	YES	NA	YES	YES
2										
3										
4										
5										

INSPECTION DETAILS

Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO/CO1 CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
NA	NA	YES	YES	8.09% / 9.1%	YES	YES	YES

RESULTS

DETAILS OF ANY FAULTS

1	Pipe not secured	1	TOPPED UP WATER PRESSURE
2			
3			
4			
5			

REMEDIAL ACTION TAKEN

1	TOPPED UP WATER PRESSURE
2	
3	
4	
5	

DETAILS OF WORK CARRIED OUT

DETAILS OF WORK CARRIED OUT	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
	YES	YES	NO
	YES	YES	NO
	YES	YES	NO
	YES	YES	NO
	YES	YES	No

Outcome of gas installation pipework visual inspection? **Pass / Fail / NA**

Outcome of gas supply pipework visual inspection? **Pass / Fail / NA**

Is the Emergency Control Valve access satisfactory? **Pass / Fail / NA**

Outcome of gas tightness test? **1.9mb 2min**

Is the Protective Equipotential bonding satisfactory? **Pass / Fail / NA**

This Safety Record is issued by Gas Installer: (SIGNED)

Received on behalf of Landlord / Home Owner: (SIGNED)

Tenant/Landlord/Agent/Home Owner*

Number of appliances tested: **ONE**

Date: **15/6/25**

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS