

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) *Coun. Robertson*

Name: *C. Robertson* Gas Safe Register No: *1570804*

Address: *19 LEXINGTON CLIFF* Gas Installer Ref. No: *19.13*

Post code: *RAWCLIFFE, YORK* Date of Issue: *11/16/24*

Tel: *030 5229* Time of Issue:
 09710448500 Engineers Name: (print) *C. ROBERTSON*

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
 Property Address: *88. Hill Road York*

Post Code:
 Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *ARMAN BENNETT LEATHER*

Address: *58. GILBERTIE YORK*

Post Code:
 Landlord/Agent* present during inspection YES/NO

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	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<i>GREEN</i>	<i>51AA</i>	<i>HE</i>	<i>CF</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>9.00008</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>
2																		
3																		
4																		
5																		

INSPECTION DETAILS

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	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<i>CF</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>9.00008</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>

FLUE TEST

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	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<i>CF</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>9.00008</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>

RESULTS

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	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<i>CF</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>9.00008</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>

DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

REMEDIAL ACTION TAKEN

1	
2	
3	
4	
5	

DETAILS OF WORK CARRIED OUT

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	Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
<i>CF</i>	<i>20</i>	<i>1</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>9.00008</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>

LABEL & WARNING NOTICE ISSUED

YES	NO
YES	NO
YES	NO
YES	NO
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? *Pass / Fail / NA*

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

This Safety Record is issued by Gas Installer: (SIGNED) *[Signature]*

Received on behalf of Landlord / Home Owner: (SIGNED)
 Tenant/Landlord/Agent/Home Owner* *[Signature]*

Number of appliances tested: *ONE*

Date: *22/6/25* **NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner Green - Registered Gas Installer Pink - Tenant

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