

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____ YES/NO

Property Address: 14 ALGAR STREET YORK

Post Code: _____

Tenant/Home Owner* present during inspection _____

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT LETTING

Address: 58 GILLYGATE YORK

Post Code: _____

Landlord/Agent* present during inspection _____

Tel: 611611 YES/NO YES

GAS INSTALLER: (Trading Title) C. ROBERTSON

Name: C. ROBERTSON Gas Safe Register No: 157664

Address: 19 LEIGHTON CROFT Gas Installer Ref. No: A.B.

Post code: YO30 5ZG Date of Issue: 11/6/24

Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				RESULTS							
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: <u>78</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	LIVING ROOM	HEAT	COMBI	RS	20	20	YES	YES	YES	YES	YES	YES	YES	YES	0.0010 82/849	YES	YES	YES	
2																			
3																			
4																			
5																			

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

DETAILS OF ANY FAULTS	REMEDIAL ACTION TAKEN	DETAILS OF WORK CARRIED OUT	LABEL & WARNING NOTICE ISSUED
1			YES NO
2			YES NO
3			YES NO
4			YES NO
5			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) _____

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

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: ONE

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