

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) **Cowan, Robertson**
 Name: **C. Robertson** Gas Safe Register No: **157604**
 Address: **19. LETHBRIDGE CRAFT** Gas Installer Ref. No: **AB**
RAUCIFFER, YORK Date of Issue: **13/6/24**
 Post code: **YO30 5ZG** Time of Issue:
 Tel: **07710448500** 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: **23. FRANCES STREET YORK**
 Post Code
 Tenant/Home Owner* present during inspection **YES/NO**
 Tel:

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **BRITAIN BENEFIT CENTRE**
 Address: **58. GILLYFIRE YORK**
 Post Code
 Landlord/Agent* present during inspection **YES/NO**
 Tel: **011611**

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	Ventilation Adequate	CO Alarm fitted	CO Alarm tested (if fitted)	Flue Flow Test	Spillage Test	Termination Satisfactory	Visual Condition	Combustion Performance Reading CO: CO2 Ratio / CO2 CO	Appliance Safe To Use	Landlord's Appliance	Inspected	
1	WILKINSON	2551	COMBI	HE CO. ONLY	19.8	—	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	8.2990/1	YES	YES	YES	
2	WILKINSON	4000	BOILER	F.L	19	—	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	YES/NO	2/1/1	YES	YES	YES	
3																			
4																			
5																			

REMEDIAL ACTION TAKEN

1 **ADVICE TO CHANGE HOBS**
 2 **WITH ONE WITH SAFETY DEVICE**
 3
 4
 5

DETAILS OF WORK CARRIED OUT

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LABEL & WARNING NOTICE ISSUED

YES YES YES YES YES
 NO NO NO NO 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: **TWO**
 Date: **22/6/25** NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS