

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) *Colin Robertson*
Name: *C. Robertson* Gas Safe Register No: *1576664*
Address: *19. Leighton Croft* Gas Installer Ref. No.: *A.B.*
Rawcliffe, York Date of Issue: *13/6/24*
Post code: *YO30 5Z9* Time of Issue:
Tel: *07710448500* Engineers Name: (print) *C. ROBERTSON*

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
Property Address: *94. Eldon Street*
York
Post Code:
 Tenant/Home Owner* present during inspection **YES/NO**

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *Adam Bennett Letting*
Address: *58. GUYGATE*
York
Post Code:
 Landlord/Agent* present during inspection **YES/NO**

APPLIANCE DETAILS				INSPECTION DETAILS				FLUE TEST				REMEDIAL ACTION TAKEN				DETAILS OF WORK CARRIED OUT		RESULTS		LABEL & WARNING NOTICE ISSUED	
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	Appliance Safe To Use	Landlord's Appliance	Inspected	YES	NO	
1	<i>Kitchen</i>	<i>Wolpert 8000</i>	<i>COMBI</i>	<i>HE CO 2000/10/1</i>	<i>20</i>	<i>20</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>8.09995</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>NO</i>	
2																					
3																					
4																					
5																					

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: *3*

Date: *29/6/25* **NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**