

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) Coxin. Robertson
Name: C. Robertson **Gas Safe Register No:** 157604
Address: 19. LEICESTER ROAD **Gas Installer Ref. No :** 13/10/24
RAWCLIFFE, YORK
Post code: YO30 5ZG
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

Landlord/Agent* Name: Baron Blenheim Leasing
Address: 58. GILFILLANE YORK
Post Code: YO1 611 **Tel:** 0116 11
Landlord/Agent* present during inspection YES NO

Tenant/Home Owner* Name: L. BECCARNE YORK
Property Address: 1. BECCARNE STREET
Post Code: YO1 611 **Tel:** 0116 11
Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

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: CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No	
1	WILKINSON	ALPHA JEC	COMBI	CO2	19.8	19.8	YES	YES	YES	YES	YES	YES	YES	YES	0.0004	YES	YES	YES	
2																			
3																			
4																			
5																			

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
1	TO SHOW SIGNS	CO ALARM	CO ALARM	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) [Signature]
 Received on behalf of Landlord / Home Owner: (SIGNED) [Signature]
 Tenant/Landlord/Agent/Home Owner* [Signature]
Number of appliances tested: 1
Date: 29/6/25 **NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**