

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) **COUN. ROBERTSON**

Name: **C. ROBERTSON** Gas Safe Register No: **157664**

Address: **19. RUSHWORTH CLOVE** Gas Installer Ref. No: **A.B.**

Post code: **PAWELIAFR. YORK** Date of Issue: **26/8/24**

Tel: **1030529** Time of Issue: **071048500** 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: **216. TANG HALL LANE - YORK**

Post Code: _____ Tel: _____

Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ADAM BENNETT LEYTON**

Address: **58. GUYGATE - YORK**

Post Code: _____ Tel: **611811**

Landlord/Agent* present during inspection YES NO

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 Back Room	IAIA	c24	HE	CF000	19.5	1	YES	YES	YES	YES	N/A	N/A	YES	YES	8.1/8.4	YES	YES	NO	
2																			
3																			
4																			
5																			

REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
DETAILS OF ANY FAULTS	1	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) _____

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

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: **12** / **17** / **25**

Date: **12** / **17** / **25**

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS