

LANDLORD/HOME OWNER GAS SAFETY RECORD

GAS INSTALLER: (Trading Title) COLIN ROBERTSON

Name: C. ROBERTSON Gas Safe Register No: 157664
 Address: 19. LEIGHION CROSS Gas Installer Ref. No: 19 B.
 Post code: 1030529 Date of Issue: 26/6/24
 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: 21. HAYBURN STREET
 Post Code: Y010 3ES Tel: _____
 Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: HANNAH BARNETT LEFFINK
 Address: 58. GUYBURY YORK
 Post Code: Y031 7EP Tel: 81161
 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	KITCHEN JURA	VE32	HE	CF RS	19	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	0.0007 8.8/5.40	Yes	Yes	Yes	
2																		
3																		
4																		
5																		

DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

REMEDIAL ACTION TAKEN

1	
2	
3	
4	
5	

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

YES	NO
YES	NO
YES	NO
YES	NO
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: **11/7/25**

NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS

To re-order quote code 663010-NUM

Copies: White - Landlord/Agent/Home Owner

Green - Registered Gas Installer

Pink - Tenant

356840

* delete as applicable

