

LANDLORD/HOME OWNER GAS SAFETY RECORD

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

Name: **C. Robertson** Gas Safe Register No: **157604**

Address: **19. LELICHTON CROFT** Gas Installer Ref. No: **A.B.**

Post code: **RAWCLIFFE. YORK** Date of Issue: **25/6/24**

Tel: **1030529** Time of Issue: **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: **3. MILTON STREET YORK**

Post Code _____ Tel: _____

Tenant/Home Owner* present during inspection **YES/NO**

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: **ADAM ROBERTSON LETTING**

Address: **58. GUYLARD**

Post Code **YO31 7EQ** Tel: **611611**

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	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	KITCHEN IDEAL	INSTANT COMPACT	H/E	RS 19.0	20.0	19.0	YES	YES	YES	YES	YES	YES	YES	YES	9.9983	YES	YES	YES	
2	KITCHEN V/K	BRUNNEN HOB	HOB	F-L 19	19	19	YES	YES	YES	YES	YES	YES	YES	YES	N/A	YES	YES	YES	
3																			
4																			
5																			

REMEDIAL ACTION TAKEN

1 **GAS PIPING NOT SECURED IN WORK**

2 **FAULTY CONTROL VALVE**

3 **REPAIRS TO UNBLOCKED WORKERS**

4

5

DETAILS OF ANY FAULTS

1

2

3

4

5

DETAILS OF WORK CARRIED OUT

1

2

3

4

5

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: **3**

Date: **25/7/24** 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

356844

* delete as applicable

