

# 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. LINDA ROAD Gas Installer Ref. No: A.B.

Post code: RA12 6JH Date of Issue: 10/17/24

Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

## TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name: \_\_\_\_\_

Property Address: 54. SCARLETT HILL

Post Code: \_\_\_\_\_

Tel: \_\_\_\_\_

Tenant/Home Owner\* present during inspection  YES  NO

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ADAM BENNETT LETTING

Address: 58. GUYCLIFFE YORK

Post Code: \_\_\_\_\_

Tel: 01181

Landlord/Agent\* present during inspection  YES  NO

## APPLIANCE DETAILS

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 CO: <u>14</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	<u>WORTHINGTON</u>	<u>WORTHINGTON</u>	<u>He 03011</u>	<u>RS</u>	<u>20</u>	<u>11</u>	<u>Yes</u>	<u>NA</u>	<u>Yes</u>	<u>Yes</u>	<u>NA</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>	<u>9.00008</u>	<u>Yes</u>	<u>Yes</u>	<u>Yes</u>
2																		
3																		
4																		
5																		

## INSPECTION DETAILS

## FLUE TEST

## RESULTS

## DETAILS OF ANY FAULTS

1	
2	
3	
4	
5	

## REMEDIAL ACTION TAKEN

## DETAILS OF WORK CARRIED OUT

DETAILS OF WORK CARRIED OUT	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
	YES	YES	NO
	YES	YES	NO
	YES	YES	NO
	YES	YES	NO
	YES	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: 26/7/25 **NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS**