

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) <i>Council Robertson</i>		Gas Safe Register No:	<i>1577664</i>
Name:	<i>C. Robertson</i>	Gas Installer Ref. No.:	<i>A.R.</i>
Address:	<i>19. LEITHON CROFT</i>	Date of Issue:	<i>18/7/24</i>
Post code:	<i>PAULING, YORK</i>	Time of Issue:	
Tel:	<i>07710448500</i>	Engineers Name: (print)	<i>C. ROBERTSON</i>

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name: _____
 Property Address: *Ground Floor Flat 1*
Park Farm House, 103 HARRY ROAD
 Post Code _____ Tel: _____
 Tenant/Home Owner* present during inspection YES NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: *Robyn Bennett Lettings*
 Address: *58. GUYLATTIE*
 Post Code _____ Tel: *York*
 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	<i>WICKEN</i>	<i>TAOR</i>	<i>PIPT</i>	<i>518</i>	<i>518</i>	<i>20</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>0.0903</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	
2	<i>WICKEN</i>	<i>TAOR</i>	<i>PIPT</i>	<i>518</i>	<i>518</i>	<i>19</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	<i>0.0903</i>	<i>YES</i>	<i>YES</i>	<i>YES</i>	
3																		
4																		
5																		

DETAILS OF ANY FAULTS

REMEDIAL ACTION TAKEN

DETAILS OF WORK CARRIED OUT

LABEL & WARNING NOTICE ISSUED

1 *Hall door weather* *Repair door weather* *CO alarm in common location* YES NO
 2 *CO Alarm in common location* 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) _____

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

Tenant/Landlord/Agent/Home Owner* _____

Number of appliances tested: *2*

Date: *10/8/25* NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS