

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.

TENANT/HOME OWNER DETAILS

Tenant/Home Owner\* Name:  
Property Address: 1st Floor Flat, Park Lane House  
103. HAYES ROAD, YORK  
Post Code: Tel:  
Tenant/Home Owner\* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: Adam Bennett Lettings  
Address: 58. GUYARD ST, YORK  
Post Code: Tel: 611611  
Landlord/Agent\* present during inspection YES/NO

GAS INSTALLER: (Trading Title) Colin Robertson  
Name: C. Robertson  
Address: 19. LEIGHTON COURT, BRUCEFIFE, YORK  
Post code: YO30 5ZG  
Tel: 07704448500  
Gas Safe Register No: 157684  
Gas Installer Ref. No: A.R.  
Date of Issue: 18/5/24  
Time of Issue:  
Engineers Name: (print) C. Robertson

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 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1 Kitchen	Boyle	MAH2451500	Hi	CO200	19.7	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2.0004	Yes	Yes	Yes
2 Kitchen	Boyle	MAH2451500	Hi	CO200	19	1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	2.0004	Yes	Yes	Yes
3																		
4																		
5																		
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN					DETAILS OF WORK CARRIED OUT					LABEL & WARNING NOTICE ISSUED			
1				1												YES	NO	
2				2												YES	NO	
3				3												YES	NO	
4				4												YES	NO	
5				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