

# 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: 2nd Floor Park Square House  
103. HARRY ROAD. YORK  
 Post Code \_\_\_\_\_ Tel: \_\_\_\_\_  
 Tenant/Home Owner\* present during inspection YES/NO

GAS INSTALLER: (Trading Title) <u>Corn. Robertson</u>		Gas Safe Register No:	<u>157604</u>
Name:	<u>C. Robertson</u>	Gas Installer Ref. No.:	<u>AB</u>
Address:	<u>19. LEWIS ROAD</u>	Date of Issue:	<u>18/7/24</u>
Post code:	<u>RU1 1HE, YORK</u>	Time of Issue:	
Tel:	<u>07710448500</u>	Engineers Name: (print)	<u>C. ROBERTSON</u>

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: Adam Bennett Lettink  
 Address: 58. GUYLARD  
 Post Code \_\_\_\_\_ Tel: 611611  
 Landlord/Agent\* present during inspection YES/NO

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		Flue Flow Test Yes/No	Spillage Test Yes/No	Termination Satisfactory Yes/No	Visual Condition Yes/No	Combustion Performance Reading CO: <u>S</u> CO2 Ratio / CO2 CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
									fitted Yes/No	tested (if fitted) Yes/No								
1	WILSON	SYSTEM	HE	R.S	19.5	19	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
2	WILSON	SYSTEM	HE	R.S	19	19	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
3	WILSON	SYSTEM	HE	R.S	19	19	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES
4																		
5																		

### DETAILS OF ANY FAULTS

### REMEDIAL ACTION TAKEN

### DETAILS OF WORK CARRIED OUT

### LABEL & WARNING NOTICE ISSUED

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: 7

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