

# 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: 107, CONSTITUTIONAL AVENUE  
TRAFALGAR, YORK  
 Post Code: \_\_\_\_\_ Tel: \_\_\_\_\_  
 YES/NO

GAS INSTALLER: (Trading Title) COLIN ROBERTSON  
 Name: C. ROBERTSON Gas Safe Register No: 157684  
 Address: 19, LEITHAM CROFT Gas Installer Ref. No.: 18/7/24  
PAWSEVERE, YORK Date of Issue:  
 Post code: YO30 5ZQ Time of Issue:  
 Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

## LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent\* Name: ROBAM BENNETT LETTINGS  
 Address: 58, GILBERTS YORK  
 Post Code: \_\_\_\_\_ Tel: 611611  
 YES/NO

| LOCATION | APPLIANCE DETAILS |              |           |                         | INSPECTION DETAILS      |               |  |                             | FLUE TEST              |                                    |                       |                      | RESULTS                         |                         |   |                              |                             |                  |
|----------|-------------------|--------------|-----------|-------------------------|-------------------------|---------------|--|-----------------------------|------------------------|------------------------------------|-----------------------|----------------------|---------------------------------|-------------------------|---|------------------------------|-----------------------------|------------------|
|          | 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 <sub>2</sub> Ratio / CO <sub>2</sub> CO | Appliance Safe To Use Yes/No | Landlord's Appliance Yes/No | Inspected Yes/No |
| 1        | <u>WILKINSON</u>  | <u>COMBI</u> | <u>HE</u> | <u>CO2000</u>           | <u>20</u>               | <u>1</u>      | <u>YES</u>                             | <u>YES</u>                  | <u>YES</u>             | <u>YES</u>                         | <u>YES</u>            | <u>YES</u>           | <u>YES</u>                      | <u>9.0/5.24</u>         | <u>YES</u>  | <u>YES</u>                   | <u>YES</u>                  |                  |
| 2        |                   |              |           |                         |                         |               |  |                             |                        |                                    |                       |                      |                                 |                         |   |                              |                             |                  |
| 3        |                   |              |           |                         |                         |               |  |                             |                        |                                    |                       |                      |                                 |                         |   |                              |                             |                  |
| 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\* ORME  
 Number of appliances tested: ONE  
 Date: 1/8/25 NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS