

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 Gas Safe Register No: 157664
 Name: C. Robertson
 Address: 19. LENTON CROFT Gas Installer Ref. No.: A.B.
RAUCIFFE, YORK Date of Issue: 7/8/24
 Post code: YO30 5ZG Time of Issue:
 Tel: 07710448500 Engineers Name: (print) C. ROBERTSON

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:
 Property Address: 9. FESTIVAL FLATS
YORK
 Post Code YO10 4AF Tel:
 Tenant/Home Owner* present during inspection YES/NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name: ADAM BENNETT LEPPING
 Address: 58. GICKY GATE
YORK
 Post Code
 Tel: 611611 YES/NO
 Landlord/Agent* present during inspection

	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 ₂ CO Ratio / CO ₂ CO	Appliance Safe To Use Yes/No	Landlord's Appliance Yes/No	Inspected Yes/No
1	KITCHEN	IDEAL	MINI C30	HE COMB	CF	19	19	Yes	Yes	Yes	Yes	Yes	Yes	Yes	9.00% / 8.75% / 8.00%	Yes	Yes	Yes	
2																			
3																			
4																			
5																			

	REMEDIAL ACTION TAKEN		DETAILS OF WORK CARRIED OUT		LABEL & WARNING NOTICE ISSUED	
	1	2	3	4	5	6
1						
2						
3						
4						
5						

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: 23/8/25 NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS