

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>COUN ROBERTSON</i>	
Name:	<i>C. Robertson</i>
Address:	<i>19 Leithway Court</i>
Post code:	<i>PAWENTHE YORK</i>
Tel:	<i>07710448500</i>
Gas Safe Register No:	<i>157664</i>
Gas Installer Ref. No :	<i>A.B.</i>
Date of Issue:	<i>7/8/24</i>
Time of Issue:	
Engineers Name: (print)	<i>C. Robertson</i>

TENANT/HOME OWNER DETAILS

Tenant/Home Owner* Name:	
Property Address:	<i>16. Westwarp Grove</i>
Post Code	<i>YO10 4HU</i>
Tenant/Home Owner* present during inspection	☒ YES ☐ NO

LANDLORD/AGENT DETAILS (if applicable)

Landlord/Agent* Name:	<i>ADAM BENNETT LETTING</i>
Address:	<i>58. GUYBATE</i>
Post Code	<i>YO26 1JAK</i>
Tel:	<i>011611</i>
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	KITCHEN	ECOTEC PLUS 831	HE COMBI	CO2007 R.S	20.5	20.5	YES	YES	YES	YES	YES	YES	YES	YES	8.09504	YES	YES	YES
2																		
3																		
4																		
5																		
DETAILS OF ANY FAULTS					REMEDIAL ACTION TAKEN							DETAILS OF WORK CARRIED OUT				LABEL & WARNING NOTICE ISSUED		
1																	YES	NO
2																	YES	NO
3																	YES	NO
4																	YES	NO
5																	YES	No

Outcome of gas installation pipework visual inspection?	<i>Pass</i> / Fail / NA
Outcome of gas supply pipework visual inspection?	<i>Pass</i> / Fail / NA
Is the Emergency Control Valve access satisfactory?	<i>Pass</i> / Fail / NA
Outcome of gas tightness test?	<i>Pass</i> / Fail / NA
Is the Protective Equipotential bonding satisfactory?	<i>Pass</i> / Fail / NA

This Safety Record is issued by Gas Installer: (SIGNED) <i>[Signature]</i>	
Received on behalf of Landlord / Home Owner: (SIGNED)	
Tenant/Landlord/Agent/Home Owner*	
Number of appliances tested:	<i>ONE</i>
Date:	<i>22/8/25</i>
NEXT GAS SAFETY CHECK DUE WITHIN 12 MONTHS	